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10 NOVEMBER 1986

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT EPIDEMIOLOGY

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BAHRAIN

MINISTER REVEALS HEALTH PLANS, CURRENT STATISTICS

Manama GULF MIRROR in English 1 Oct 86 p 1

[Text]

BAHRAIN'S health service should become self-sufficient within a decade, Health Minister Jawad Salim Al Arayed has predicted.

"Manpower is our most precious asset and training of Bahrainis continues to be the high priority item," he says in the Ministry's annual report for 1985, released this week.

The Minister added that with improving services Bahrain was well on its way to achieving "health for all by the year 2000".

He said efforts had been made over the past year to cut red tape to make health care more accessible to the public.

Spending on health last year totalled more than BD34.9 million — a cut of 12 per cent on the previous year.

Sulmaniya Medical Centre took the largest share of last year's health budget spending more than BD18 million.

The Directorate of Public Health spent 6.4 per cent of the budget while the island's health centres spent 19 per cent. The total spending of all hospitals was more than 69 per cent of the budget. Spending per capita was BD100 last year.

Visits to hospitals and health centres including visits for private treatment totalled 2,357,147 last year representing six visits per capita for the year.

Infants

According to the report, health problems and disease patterns in Bahrain reflect a combination of the ones found in both developing and developed countries.

Heart disease and diseases of the circulatory system were the number one killers in Bahrain last year accounting for 408 deaths. Cancer was the second highest killer according for more than 13 per cent of deaths.

The infant mortality rate was shown to be 19.7 per 1,000 live births. A total of 433 infant deaths

were reported last year.

Bahrain's director of health information systems, Dr Ahmed Abdulla Ahmed, said the island's infant mortality rate compared well with other developing countries. In Europe the infant death rate stands at around 10 per thousand.

Injury and poisoning accounted for quite a high number of deaths last year totalling 125, but this was down by 25 on the previous year.

And according to the report, outbreaks of diseases such as cholera and typhoid present a major hazard due to the influx of immigrant workers and visitors from overseas.

Lack of sanitary conditions and practices in some areas of the island

was also a cause of the problem.

The number of typhoid cases reported last year was 65 — in 51 of the cases the disease had originated from overseas.

The number of cases of salmonella was up by 34 from 1984 to 165 last year. Cases of viral hepatitis also increased from 190 cases in 1984 to 289 last year.

A total of 327 cases of malaria were reported last year and all cases were imported. Mosquito breeding sites have been wiped out in Bahrain and no local transmission of malaria has occurred on the island since 1979.

Numbers of cases of tuberculosis also fell to 194 which was 14 less than in 1984

Total population	417,210	Triplets	1
Total Reported Deaths	1,212	Congenital abnormalities	264
Total Births	12,394	Infant deaths	
Total live-births	12,246	Less than 7 days	191
Still births	148	Less than 4 weeks	214
Premature births	784	4 weeks to 1 year	27
Twin sets	129	Maternal deaths	2

Table shows birth and death vital statistics for Bahrain in 1985.

/9317

CSO: 5400/4502

BANGLADESH

BRIEFS

VIRUS FEVER EPIDEMIC--Our correspondent adds: Virus fever has broken out in an epidemic form in 13 upazilas of Dinajpur district during the last few days. It is reported that once one person of a family is attacked with the fever the whole family became prey to the same. The affected people feel unbearable pain all over the body. Children are the worst sufferers. People of the area have urged the concerned authority to take effective measures to combat the disease on an urgent basis. [Text] [Dhaka THE NATION in English 31 Aug 86 p 2] /9274

MALARIA OUTBREAK REPORTED--Habiganj, 28 Aug--Malaria has broken out in different areas of Habiganj district--including the pourasabha for sometime past. It is learnt that people in the border belt, particularly those in tea gardens are badly affected by the disease. According to sources, five to 10 patients are daily removed to Sadar Hospital and private clinics of the town. It is apprehended that if immediate measures are not taken to curb the disease, the situation may further be worsened. [Text] [Dhaka THE NATION in English 29 Aug 86 p 2] /9274

CSO: 5450/0016

CANADA

AIDS INCIDENCE, THREAT TO EMPLOYMENT DISCUSSED

380 Deaths

Windsor THE WINDSOR STAR in English 18 Sep 86 p D1

[Excerpts]

MONTREAL (CP) — She was said to have been faithfully married for 30 years. Then, she had sex — only once — with a man she had met in New York City.

Her lover was an addict who used intravenous drugs, and his semen contained the deadly HTLV-III virus, which causes AIDS. The woman, a middle-aged mother, died last year and became one of the 380 Canadians killed by AIDS to date.

Once considered a disease that affected mainly hemophiliacs and male homosexuals, acquired immune deficiency syndrome now is spreading among heterosexuals, including women.

"We've always thought (AIDS) was a heterosexually-transmissible disease right from the start," explains Dr. Norbert Gilmore, chairman of the National Committee on AIDS.

"But we can't tell you the probability of being infected (through heterosexual contacts)," says Gilmore, a Montreal immunologist.

Canadian experts say the AIDS figures here are too small to predict a growth rate among heterosexuals. But since the first Canadian AIDS case was officially reported in early 1982, 35 women have contracted the disease and 17 Canadians are listed as having got it through heterosexual contacts.

And it's anybody's guess how many North Americans now are carriers of the disease. Estimates range up to two million.

AS WELL, THE type of woman getting AIDS is changing, says Denis Phaneuf of Montreal's Hotel Dieu Hospital, who has treated several women with the disease.

"At the beginning, it was mostly Haitians, but now those numbers are far fewer" — down to 20 or 25 per cent from 65 per cent in four years.

His current patients, for example, include two women who had sex with Haitian men and a 30-year-old non-Haitian mother who contracted AIDS from her husband. He has since died.

Unlike homosexuals, heterosexuals have yet to change their lifestyles to cut the risk of contracting the disease, experts say.

Many heterosexuals have yet to realize a simple fact — women can get AIDS from men and pass it back to them. Part of the problem, experts say, is that heterosexuals, especially women heterosexuals, have often been ignored in public education programs about AIDS, which destroys the body's immune system, leaving it vulnerable to disease.

THE FEDERAL government, which says it is doing everything it can to fight AIDS, has yet to publish any literature about the disease specifically aimed at women, says Greg Smith, a director of the AIDS information centre in Ottawa.

But the Ontario government, through its year old public education panel on AIDS, has distributed almost 750,000 free one-page fact sheets on women and AIDS in seven languages.

"They've been a lot more popular than anyone expected," says project official Anne Bowiby.

The Montreal committee on AIDS has prepared a pamphlet to tell prostitutes how to protect themselves against AIDS, but a member says there isn't enough money to print it. Montreal prostitutes, however, are already taking precautions against AIDS, says Alisa Palmer, of the local Association for the Protection of Prostitutes.

Windsor Area Cases

Windsor THE WINDSOR STAR in English 18 Sep 86 p A3

[Article Chris Vander Doelen]

[Text]

As many as 200 people in Windsor and Essex County will die of AIDS during the next five years and little is being done to prevent it, gay rights activist Jim Monk said Wednesday.

While the disease will exact a tremendous human toll, most levels of government are doing little in way of prevention, said Monk, a member of the city's AIDS committee.

Monk told a United Way group that the estimate of at least 200 victims is based on research done in Canada and by the Atlanta, Ga.-based Centre for Disease Control.

The most optimistic researchers predict at least a ten-fold increase in the number of victims of acquired immune deficiency syndrome or 200 cases in Essex County by 1991.

Seventeen Windsor-area people have died of the disease and three are suspected to have it. At least 52 others have tested positive for AIDS virus, Monk said.

"I would predict that between 500 and 1,000 people in Windsor have been exposed to the AIDS virus," he told about 100 people at the community forum luncheon.

Dr. Phil Fioret, associate medical officer of health with Essex County's health unit, played down Monk's comments, but said the figures he quoted were accurate.

"As soon as you begin predicting the future you are on very weak ground, especially with AIDS," Fioret said Wednesday.

Early this year, Fioret was reporting AIDS cases at a rate of one a month, and he described the disease as "epidemic" in the area.

"NOW THAT DOESN'T hold up," he said Wednesday.

"This is the ninth month of the year and we've seen only seven new cases. The doubling rate is slowing down."

Fioret said the virus and disease is more widespread in the U.S. than in

Canada, making it difficult to apply predictions from the Atlanta centre to Windsor.

"With a good educational program, and if they are very successful, these predictions of 200 cases might very well be wrong," he said. "We'll know in five years."

Meanwhile, "there is a funding problem" for the educational programs, Fioret said.

This year, AIDS committees in Windsor and eight other cities are sharing \$20,000 of provincial funding between them to promote awareness of the disease, Monk said.

Groups of volunteers make up the committees. About 30 people are active in the Windsor group.

"There is some talk of the Ontario government coming through" with more funding but little sign of help from other levels, Monk said.

If programs can convince gay men to practise "safe sex" and use condoms, the death toll could be cut drastically, Monk said. "I'm optimistic we can cut that number to below 200."

The AIDS Committee of Toronto estimates each AIDS victim costs the health system about \$40,000 in medical care before they die.

EARLIER, MORE pessimistic estimates of the spread of AIDS put the 1991 city toll at 60, Monk said. Until

recently, the AIDS cases were doubling every two years.

The number of Windsor cases has been much higher than in similarly sized cities like London and Ottawa, the Metro-Windsor Essex County Health Unit says.

But Monk said there appears to be few differences between the gay community here and elsewhere.

"It's a combination of chance and the fact that we are basically a part of the large metropolitan area of Detroit," he said.

"We're not any different than anybody else. I don't think it's because (gay) people are particularly promiscuous in Windsor."

"In fact it's kind of a closeted society here," he said of local gays. "Most people go to Detroit."

The first Canadian death due to AIDS was a Windsor man who had travelled to South America, where he is known to have had several sexual contacts, Monk said.

AIDS is a virus which destroys the body's immune system, rendering the victim vulnerable to almost any infection. Those most at risk to AIDS are homosexual men and intravenous drug users.

Drug users make up the fastest-growing group of AIDS victims in the U.S., but Ontario has recorded only one drug-related case.

Vancouver Incidence

Vancouver THE SUN in English 8 Sep 86 p B8

[Article by Ben Parfitt]

[Excerpts]

AIDS Vancouver director Bob Tivey said in an interview Sunday the church had a moral obligation to help out all people.

Tivey said churches would become more supportive when they realized the disease was not limited to just the gay community.

"This is not a gay disease. The virus does not have a sexual preference. But the reality at this point is the gays have been the hardest hit."

Tivey said AIDS Vancouver knows of three B.C. women who have died of AIDS including one whose death he said was the result of a heterosexual encounter.

He would not identify the woman, but said she died some time in the last year.

Tivey said AIDS Vancouver is aware of 167 reported AIDS cases and 86 deaths.

Flight Attendant's Job

Windsor THE WINDSOR STAR in English 17 Sep 86 p C7

[Text]

VANCOUVER (CP) — A male flight attendant who has AIDS is fighting his suspension by Pacific Western Airlines, a spokesman for the Canadian Airline Flight Attendants' Association said Monday.

Dianna Rienstra, communications director for the association, said one PWA employee has died from AIDS as have several other attendants from other airlines.

Rienstra said the suspended employee, who is fighting the action through arbitration, was diagnosed fit to work by two company doctors. The man, whose name was not released, has worked for the airline for 17 years.

Bob Tivey of AIDS Vancouver said the outcome of the case could set a precedent, not just in the airline industry but in all service-type jobs.

/9317
CSO: 5420/103

CANADA

AIDS INCIDENCE, PROBLEMS, GUIDELINES DISCUSSED

Incidence Among Women

Vancouver THE WEEKEND SUN in English 20 Sep 86 p A10

[Article by Caitlin Kelly]

[Excerpts]

As of Sept. 2, 685 Canadians had contracted AIDS, 374 of whom have died. Thirty-five of the 685 are women, 25 of them dead.

Researchers keep track of AIDS cases according to how they got the disease: because of drug use; because of sexual contact with a member of a high-risk group; because the patient lives in an area where there is a lot of AIDS; or because of blood transfusions.

The number of men and women listed as having AIDS because of heterosexual contacts in the U.S. was 363 as of July (out of more than 22,000 Americans with the disease), and is doubling every 11 months. As of Sept. 2, 17 Canadians were listed as having AIDS because of heterosexual contacts.

The first Canadian case of AIDS was officially reported in February, 1982. Since then, almost all female cases of AIDS in Canada — 31 of the 35 — have occurred in

Quebec and have been treated by six Montreal doctors who see the majority of the Quebec AIDS patients.

Eighteen of those women have been Haitian.

But women can get AIDS in several ways and doctors and researchers still don't know exactly how — whether through anal in-

tercourse, oral sex, vaginal intercourse, intravenous drug use or blood transfusions.

It can be one factor or a combination.

Of the Quebec women who have contracted AIDS, one used intravenous drugs and 11 were partners of men in high-risk groups (bisexual, hemophiliacs or drug users) who were exposed to infected semen through vaginal, anal or oral sex.

One woman had a blood transfusion and 18 were from Haiti or central Africa, two regions where the disease is widespread among heterosexuals.

Four men in Quebec got AIDS because of having had sexual intercourse with infected women.

TWO are already dead. One of them got the disease from one of five prostitutes with whom he had vaginal intercourse, without a condom, while on vacation in Haiti.

Denis Phaneuf, a doctor at Montreal's Hotel Dieu Hospital who has treated 13 women with AIDS, said it was mostly Haitians with the disease when it first appeared in Quebec four years ago.

"But now those numbers are far less," he said. "Before, Haitians represented 65 per cent of

our cases and now it's about 20 to 25 per cent."

There has been a distinct and important change in the women who are getting AIDS now, said Dr. Robert Remis, director of the regional infectious disease office in Montreal which monitors all AIDS cases in Quebec.

Before April, 1985, 74 per cent of female AIDS patients in Quebec were from countries where there is a high number of cases of the disease (usually Haiti, but sometimes from central Africa.) After May, 1985, however, that figure dropped dramatically and only 33 per cent of new cases being diagnosed are from areas to which the disease is endemic, Remis said.

That means women who aren't from those countries, some of whom still think they're not at risk of being exposed to men infected with the virus, are now getting the disease.

Phaneuf's four current patients range in age from 28 to 62, from two young women who had sex with Haitian men to an older Haitian woman who was infected by receiving an injection in her native land before coming to Canada.

The fourth woman is 30 and has two children. Her husband, from whom she got the disease, is already dead.

Like most women with the disease — and particularly Haitian women, who frequently go to their

graves without telling friends or family what is killing them — she didn't want to be interviewed.

Some women are so traumatized by their diagnosis they will not even go into a hospital, even though they will lose an average of 25 kilograms in weight during their illness.

It's especially hard for a Haitian woman whose culture demands she keep up her responsibilities of wife and mother as she wastes away.

Many of the Haitian women, who often work as domestics or in garment factories, become so weak they can't stand up for more than 15 minutes at a time, Phaneuf said.

But admitting they have AIDS and accepting psychological help is too hard. The shame and social stigma they know they will face is too much to bear, counsellors say.

One employer, learning an employee had the disease, burned every piece of paper the worker had touched.

Women who get AIDS carry an extra burden of guilt because their illness reflects on their family, especially children who can be ostracized as a result, said Christopher Tsoukas, an immunologist at Montreal General Hospital who has treated a number of women with AIDS.

"These women are singled out. If a gay man gets AIDS, it's not

such a shock (to friends and family) but if it turns out to be a woman down the block, that's different."

Most prostitutes are already protecting themselves against AIDS and have been for years, said Alisa Palmer, 22-year-old spokesman for Montreal's Association for the Protection of Prostitutes.

Many American hookers use intravenous drugs and sell their bodies to support a habit. Canadian hookers, according to Palmer of the Association for the Protection of Prostitutes, "work for their family, their kids, to pay the rent. Some of them don't even drink."

This means that Canadian prostitutes who show antibodies to the HIV virus — none have developed AIDS as yet — are more likely than U.S. hookers to have contracted the disease sexually rather than through sharing needles.

There is little information available in the United States or Canada. The leader in Canada — with a one-page sheet on women and AIDS that has been distributed across Ontario through schools, hospitals, government agencies and other means — is the Ontario government through its 13 member Ontario Public Education Panel on AIDS, established last September.

So far, 750,000 pamphlets have been distributed.

Guidelines for Pathologists

Ottawa THE CITIZEN in English 24 Sep 86 p A16

[Article by Jane Defalco]

[Text]

The National Advisory Committee on AIDS has published guidelines aimed at preventing pathologists from contracting the disease during autopsies on AIDS victims.

The guidelines, which contain 35 recommended steps to eliminate the risk of catching acquired immunodeficiency syndrome, are

part of a continuing effort to establish safety precautions for every profession where workers come in contact with AIDS sufferers or their body fluids, said Dr. Alastair Clayton, a member of the advisory committee and head of the federal Laboratory Centre for Disease Control.

Clayton said some hospitals in Canada won't do autopsies on AIDS victims because of the high risk involved compared to the value of formally establishing a cause of death that is already suspected.

"We're not saying they should or shouldn't do autopsies," he said. "We're saying if they're going to do them, these are the precautions they've got to take."

"Pathologists are at greater risk, but with the proper precautions, these risks can be prevented."

The guidelines for pathologists are designed to minimize the possibility of contamination. They include everything from restricting access to the autopsy room and forbidding eating, drinking and smoking in the room, to the type

of protective clothing to be worn and the precise way to dispose of remains and body fluids.

Similar guidelines have already been set for hospital workers, home care nurses, laboratory technicians and people in the school system. Clayton said guidelines for morticians and embalmers should be released in about a month.

There hasn't yet been a case in Canada where a health-care professional or other worker has developed AIDS from a patient through a needle prick, a cut or being splashed with AIDS infected blood or body fluids, said Clayton.

However, there is always the risk of infection if workers aren't adequately informed about how to protect themselves from AIDS tainted materials they have to handle, he added.

392 Deaths

Windsor THE WINDSOR STAR in English 1 Oct 86 p D7

[Text]

MONTREAL (CP) — Although the initial panic is over, some funeral home employees still refuse to work on the corpses of AIDS victims, says the chairman of an international convention of 350 funeral directors.

"Some practitioners still refuse to treat the corpses of AIDS victims," Gilles Poirier said in an interview during the conference which ended earlier this week.

"But our real concern comes from the healthy carriers of the AIDS virus — we don't know who they are, or how many they are," said Poirier, president of the Magnus Poirier Inc. funeral homes in Montreal.

Funeral home employees need more information to calm their anxieties, he said. "We need to be told time and again not to become sloppy with hygiene and safety at work."

Dr. Pierre Thibodeau and Monique Lethel, two AIDS specialists from Montreal's St. Luc Hospital, told a conference

workshop that the AIDS virus is carried by body fluids.

Their advice to funeral-home workers: "Wear disposable gloves, aprons, hats and face masks, wash your hands regularly, and refuse to work if you have cut or bruised yourself."

AIDS — acquired immune deficiency syndrome — breaks down a body's ability to fight disease. To date, 392 people have died from AIDS in Canada and, in many cases, families have had trouble getting a funeral home to handle the burial.

When AIDS was first identified, some Quebec embalmers asked the government to declare that the bodies of AIDS victims should be immediately cremated, as is the case for cholera, bubonic plague and smallpox — diseases which no longer exist in Quebec.

The panic over AIDS even inspired one funeral home supplier to put on the market a protective suit for workers — complete with

hood, gloves and mask and goggles.

"If we didn't offer this protection to our employees, and there was a problem, we would be in trouble," said Poirier.

Thibodeau, however, said the need for the protective outfit is exaggerated.

"You don't have to be dressed up in a spacesuit," he said.

"The only risk is through blood, when there is a cut or a needle during their procedures.

Testing of AZT

Toronto THE TORONTO STAR in English 2 Oct 86 p A13

[Article by Lillian Newbery]

[Text]

Some Metro AIDS patients will be among about 100 Canadians enrolled in a federally funded clinical trial of a drug that has extended life in some American patients, a federal official says.

The Canadian experiment will try to determine the level at which azidothymidine (AZT) starts producing adverse side effects, said Greg Smith of Ottawa, coordinator of a federal centre involved in AIDS research.

Participants will receive larger and larger doses of the drug over some months. "This is a dose-range study, trying to determine what is a relatively safe dosage," Smith told The Star yesterday.

Criteria used in selecting patients for the study will not be made public, he added. "The investigating team will depend on physicians and contacts to enrol the appropriate patients."

In a U.S. study earlier this year, AZT was found to prolong life in some patients with pneumocystis carinii pneumonia, one of the main infections developed by people with acquired immune deficiency

syndrome.

But in some cases the drug suppressed the bone marrow, causing anemia that required blood transfusions.

The Canadian team will be headed by Dr. John Ruedy, a Vancouver internist. Other members include Dr. Mary Fanning of Toronto General Hospital and Dr. Christos Tsoukas of Montreal.

While the study will be centred in Toronto, Montreal and Vancouver, Smith said, "There's every possibility physicians who have patients in surrounding areas may be able to include them in the trial."

Vancouver Hospital Study

Toronto THE GLOBE AND MAIL in English 9 Oct 86 p A3

[Article by Brian Gory]

[Text]

Young gay men run a greater risk of contracting the AIDS virus than older homosexuals because they take fewer precautions, a Vancouver study has concluded.

A St. Paul's Hospital study conducted over the past three years of 600 homosexuals aged 17 to 60 has shown that 30 per cent of the men under 30 became infected with the virus — almost double the 18 per cent rate for older men.

A total of 75 men who were free of the virus when they entered the study in 1983 were subsequently tested positive, said Dr. Martin Schechter, epidemiologist and principal investigator on the study. His findings will be published later this year in the Canadian Medical Journal.

Despite the acquired immune deficiency syndrome scare, only

half of those under 30 reduced the number of sexual partners, compared with 68 per cent of those aged 40 or older who did so.

With the new infections, 55 per cent of the 600 men now have the AIDS antibody in their blood. As of July, 30 had developed the full disease and 10 had died.

Robert Tivey, director of AIDS Vancouver, a publicly and privately financed organization for disseminating information and helping AIDS victims, said the results of the study confirm his concerns that young men are not taking AIDS seriously enough.

"If we could eliminate anal intercourse," Mr. Tivey said, "we could stop 90 per cent of the cases of AIDS."

/12379

CSO: 5420/1

HEALTH ASSOCIATION TO FINANCE VACCINE AID FOR THIRD WORLD

Vancouver THE SUN in English 17 Sep 86 p B6

[Article by Rosemary Knes]

[Text]

OTTAWA — A \$35-million campaign to encourage immunization of children in developing countries was announced Tuesday by External Relations Minister Monique Landry.

The move was immediately welcomed by members of Canada's international development groups but health experts also warned vaccination is not a quick-fix solution to Third World health problems.

The Canadian Public Health Association, a non-profit voluntary group, was selected by the Canadian International Development Agency to administer the five-year program for developing countries of the Commonwealth and French-speaking Third World nations.

Association president Dr. Franklin White said the aim is to make sure at least 80 per cent of children in developing countries are vaccinated against measles, tetanus, whooping cough, polio, diphtheria and tuberculosis.

The health association will examine, evaluate and finance projects to be implemented by non-governmental organizations and Canadian firms. An unspecified part of the \$35 million will be given to voluntary groups to match funds they have raised for immunization projects abroad.

"Immunization is not a quick-fix solution to Third World children's health," said Dr. John Frank, a medical epidemiologist with the department of preventive medicine at the University of Toronto.

"It can fail to make any impact because of many things that can go wrong. For example, if immunization against measles, which can be a deadly disease for many African children, isn't given to children by the time they are less than two to three years of age it is virtually useless."

/12379

CSO: 3420/2

CANADA

BRIEFS

SALMONELLA BACTERIA IN CHOCOLATES--OTTAWA (CP)--Foil-wrapped chocolate coins and medallions imported from Belgium are being recalled by their Canadian distributor, the health department announced yesterday. Federal health officials and officials of the British Columbia ministry of health found salmonella bacteria in some of the chocolates and suspect they may be the cause of at least eight serious cases of salmonella poisoning within the past year. The coins come in mesh bags with a red and gold tab that says "made in Belgium" or "fabrique en Belgique." The medallions--larger chocolates with a diameter about the size of a coffee cup--have a maple leaf design on one side. [Text] [Toronto THE SATURDAY STAR in English 4 Oct 86 p A13] /12379

TORONTO HEPATITIS B INCIDENCE--TORONTO (CP)--Hepatitis B, a major health threat to homosexual men and users of illicit injectable drugs, should be fought through a free provincial immunization program, the Toronto health board says. "It is simply cheaper to prevent hepatitis through immunization than to treat the disease," says Dr. Sandy Macpherson, the city's medical officer of health. About 1,670 people in Toronto get hepatitis B each year and about 50 to 90 people die from it. But the province vaccinates only some groups who are highly susceptible, including newborns and family contacts of carriers. Homosexual men and drug users, both far more likely than others to contract hepatitis B, aren't included in those groups. In his report, Macpherson estimates there are 7,820 active homosexuals and 1,445 intravenous drug users who aren't covered by private or employee drug benefit plans. He says immunization would not only save lives, but money, because it would result in fewer patients in hospitals. A provincial Health Ministry spokesman says the Toronto request is under consideration. [Text] [Windsor THE WINDSOR STAR in English 29 Sep 86 p A13] /12379

CSO: 5420/2

HONG KONG

AIDS TESTS POSITIVE ON TWO DONORS, MORE TESTS GIVEN

Hong Kong SOUTH CHINA MORNING POST in English 9 Sep 86 p 28

[Text]

TWO blood donors have reacted positively to screening tests for AIDS antibodies since the Red Cross started the tests in August last year.

A spokeswoman said yesterday the two male donors had been given counselling and been told never to give blood.

She said their blood had been disposed of and assured donors that the needles would not be used again.

Over 140,000 people donate blood every year, with 13,700 giving blood last month.

Meanwhile kidney patients, also being tested for AIDS antibodies, will be moved to separate dialysis machines to avoid infecting others if their tests prove positive.

The screening follows tests on a renal patient at Queen Mary Hospital who was given a transfusion of contaminated blood two years ago and was found to have antibodies to the AIDS (acquired immune deficiency syndrome) virus during tests carried out last month.

As a result of the discovery, tests on blood samples from all 196 renal patients being treated in Government hospitals are being carried out by Medical and Health Department pathologists at Queen Mary Hospital.

To lessen the risk of infection to other patients, one

kidney dialysis machine has been reserved for the exclusive use of the patient with AIDS antibodies. The other 27 people being treated at the hospital share five other machines.

Yesterday, chief information officer for the Medical and Health Department, Mrs Juliana Ma, said kidney patients who reacted positively to tests for AIDS antibodies would be transferred to share separate dialysis machines set aside for the purpose.

Mrs Ma stressed that the "precautionary" blood tests being carried out would only show whether or not the patient had antibodies to the AIDS virus and would not mean he was a carrier or victim of the disease.

She said results of the tests would not be made public, although if the tests were positive, counselling would be given to renal patients and their relatives, as it is to all people found to have AIDS antibodies.

Meanwhile, doctors have tracked down the "third man" thought to be at risk after being given a transfusion of AIDS-contaminated blood two years ago.

Of the two other people given the contaminated blood, one has died from causes unconnected with AIDS while the other is the kidney patient now on a separate dialysis machine.

/12379

CSO: 5450/0013

HONG KONG

MORE SUSPECTED RABIES REPORTED, MEASURES TAKEN

Boy Bitten by Chow

Hong Kong SOUTH CHINA MORNING POST in English 24 Sep 86 p 30

[Excerpts]

THE black Chow dog believed to have bitten an 11-year-old boy in a suspected rabies attack at Yuen Lung was caught yesterday and was last night under observation at the Agriculture and Fisheries Department's Shek Wu Hui kennel.

The dog which bit the boy - a second suspected rabies victim - on September 7 is being tested to find out whether the animal has contracted the disease, a senior veterinary officer of the department, Dr Norman Cheng, said.

The boy who was admitted to Princess Margaret Hospital's isolation ward on Sunday in satisfactory condition has shown signs of improvement, according to a spokesman for the Medical and Health Department.

The rabies infected area has been reduced to the frontier closed area since last April.

The AFD spokesman said: "As there have been no locally acquired rabies cases in the past two years, Hong Kong can be declared rabies free according to the World Health Organisation's recommendations.

"But the department still maintains the frontier area is an infested area - a buffer zone to prevent dogs from China crossing the border."

The spokesman said all locally acquired rabies cases since 1980 had been spread by rabid dogs from across the border.

Meanwhile, the department has stepped up its anti-inoculation campaign and 20 teams from the department's dog control unit have been out rounding up stray dogs throughout the territory.

A total of 2,038 stray dogs have been caught and 2,165 put down since August. More than 4,440 dogs were inoculated during the same period.

Danger from Guard Dogs

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 28 Sep 86 p 2

[Article by Peter Topping]

[Text]

GUARD dogs set loose from New Territories building sites are adding to Hong-kong's population of potential rabies carriers.

Following the New Territories construction boom of recent years, dogs used by watchmen to help protect remote sites are often set loose once a building project is finished, according to policemen responsible for patrols near the border area.

The result is that packs of mongrels breed among themselves, scavenge for food and rapidly turn wild.

Police on patrol and in training in the hills surrounding new towns such as Fanling and Sha Tin are routinely warned to beware of packs of strays.

Similar problems have been encountered in the past on Lantau, with police called in to shoot down dogs which have attacked joggers and walkers in the hills.

Although police have legal powers to shoot strays under the Dogs and Cats Ordinance, they are usually only called in if Agriculture and Fisheries Department teams have failed to catch them.

But dog catchers from the department are poised to launch a major round-up operation across the New Territories.

The go-ahead will be given if results of a post-mortem carried out on a truck driver who died on Friday should prove the man had rabies.

Results of the tests will not be available until tomorrow.

Senior officers from the department have promised that more dog-catching teams will be sent out if rabies is found to have caused the driver's death.

The man, Mr Ching Yuk-ming, 41, died in Princess Margaret Hospital after reportedly being bitten by a dog in Fanling last month.

He was first admitted to hospital on September 19, but already in "poor" condition, and he was unable to tell doctors what had happened.

If confirmed, it will be the first locally contracted rabies case since 1984, and follows two other cases this year where Hong-kong residents died after being bitten by rabid dogs in Guangdong.

Reports from newspapers in Guangdong tell of widespread extermination of strays as China attempts to deal with the problem of rabies, said to infect a quarter of the nation's dogs.

Hongkong was declared rabies-free by the World Health Organisation only last month, following a two-year period without any cases being reported.

Nevertheless, department patrols responsible for rounding up strays and checking all

dogs are inoculated and licensed have been kept up.

Department vets contend that most rabid dogs found in Hongkong have slipped across the border from China.

An intensive public health campaign launched in 1955 first stamped out the disease, but in 1980 new cases appeared in border areas, the first for 25 years, prompting a renewed program of canine control, including inoculation and inspection of dogs.

Since then, nearly 150,000 stray dogs have been rounded up and destroyed.

/12379

CSO: 5450/0014

HONG KONG

BRIEFS

CHOLERA FROM JAKARTA--Three air stewardesses from Cathay Pacific are the last cholera victims being treated in Hongkong's hospitals. One is "fairly ill" and the other two are in satisfactory condition, a spokeswoman for the Medical and Health Department, Mrs Muse Lam, said yesterday. The three hostesses, who are believed to have contracted the disease at a restaurant in Jakarta, were admitted to Queen Elizabeth Hospital last week. They had worked on the Cathay flight CX 710 from Jakarta to Hongkong on August 29. "There is no indication that any of the passengers or crew are likely to develop the disease," said Cathay spokeswoman, Ms Korina Leung, pointing out that the hostesses did not touch passengers' food. Crew members on flight 710 were grounded after the incident came to light and examined by the Medical and Health Department. [Excerpts] [Hong Kong SOUTH CHINA MORNING POST in English 11 Sep 86 p 24] /12379

CSO: 5450/0015

INDIA

WEST BENGAL'S FIRST SUSPECTED AIDS CASE DETECTED

Calcutta THE STATESMAN in English 25 Sep 86 p 1

[Text]

WEST Bengal's first suspected case of Acquired Immunity Deficiency Syndrome (AIDS) has been detected in Calcutta. The patient is a prostitute of the Kidderpore area. The National Institute of Cholera and Enteric Diseases, which detected the disease, drew the State Government's attention to the case in a report on Wednesday.

The patient is one of the 339 prostitutes whose blood samples were collected by the institute's doctors last July, following reports of AIDS cases in Madras and Bombay. The doctors also collected blood samples from 448 others during the past few weeks.

According to Dr S. C. Pal, Director of the institute, the samples were tested through the two standard AIDS investigation techniques—"Elisa" and "Western Blotting". While the Elisa test was carried out at the institute's laboratory in Calcutta, the samples were sent to the National Institute of Virology at Pune for the latter test.

Doctors of the institute collected a fresh sample of blood from the woman when her sample showed positive signs when tested for AIDS. Her sample was tested four times. All tests confirmed the formation of the antibody as well as the virus infection, Dr Pal said. He explained that although it could not be immediately called an AIDS "case", the infection could be "equally dangerous". The patient could spread the infection.

According to Dr Pal, AIDS-infected patients earlier identified in Bombay and Madras had been isolated soon after the detection. Two AIDS deaths were reported in Bombay and six patients had been isolated in a rescue home. Asked how the institute would treat the patient, Dr Pal said it was for the State Government to make arrangements for her isolation and treatment.

/9274

CSO: 5450/0017

INDIA

TAMIL NADU TO INTENSIFY SCREENING FOR AIDS

Madras THE HINDU in English 11 Sep 86 p 12

[Text]

MADRAS, Sept. 10.

AIDS screening in Tamil Nadu is to be intensified further, covering even persons who are outside the known high-risk groups.

The steps to be taken in this regard were discussed at a meeting Dr. K. K. Dutta, Assistant Director in-charge of the AIDS control programme in the Union Health Directorate had with the officials of the State Government here on Tuesday.

In the country as a whole, so far, 25 positive cases of AIDS infection have been reported. Tamil Nadu has accounted for 22 of the victims. The Centre is stated to be quite concerned over this and Dr. Dutta wanted to know the reasons for so many positive cases here.

Virus from refugees: A factor in Tamil Nadu, which was considered as different from the rest of the States, was the arrival of a large number of refugees in the last few months from Sri Lanka. Could they have brought the virus? Also, it was found out that the bulk of the AIDS

infected women housed at the Vigilance Home in Madras had come from Ulundurpet, a small town about 200 km from the city. Does this suggest that there could be a common source of infection at Ulundurpet?

To find answers to these questions, it had now been decided that the surveillance team would visit the refugee camps in different parts of the State and also Ulundurpet and organise health check-up programmes. This would give a chance to screen the people outside the known high-risk groups and collect blood samples from them for AIDS test.

The screening programme in different parts of the country had so far covered about 10,500 persons in the high-risk group. Tamil Nadu had analysed more than 3,000 blood samples for AIDS. The programme would now be extended to cover even children (paediatric age group).

Dr. Dutta is stated to have assured the State of all assistance from the Union Health Directorate. Money need not be a constraint and the Centre would give its full cooperation

/9317

CSO: 5450/0010

INDIA

KALA-AZAR EPIDEMIC IN WEST BENGAL, BIHAR

Calcutta THE STATESMAN in English 9 Sep 86 p 7

[Text] Shillong, Sept 8--Kala-azar has taken an epidemic turn in six States, exposing about 40 million people to the risk of the disease, reports UNI.

Bihar and neighbouring West Bengal are badly affected. The disease has spread to 238 blocks and 21 districts in Bihar and 39 blocks of four districts in West Bengal, according to Union Health Ministry sources said.

More than 35 million people in Bihar and nearly 4.5 million people in West Bengal are running the risk of getting the disease, the sources said.

Though the death rate due to the disease compared to encephalitis which is now raging in Assam is found to be low, the incidence of kala-azar was on the rise, recording a total of 16,500 cases in 1984 as against 14,400 cases reported in the previous year, the sources added.

Bihar and West Bengal were responsible for more than 99% of the total reported cases in the country. About 12,600 cases of kala-azar were reported in these two States during the past year, the sources said.

The disease, which broke out in Meghalaya a few years ago, had been contained with no fresh case being reported since 1978.

The Union Health Ministry has constituted an expert group on kala-azar to examine the possibility of integrating measures to control the disease with the National Malaria Eradication Programme.

A special unit attached to the NMPF has been entrusted with monitoring the disease, the sources added.

/9317
CSO: 5450/0011

INDIA

BRIEFS

ASSAM ENCEPHALITIS TOLL--Guwahati, Sept 18 (PTI)--An encephalitis epidemic which had broken out in 11 districts of Assam since the middle of July has taken 282 lives and another 797 persons are suffering from the disease, according to the health minister, Mr Chandra Mohan Patowari. Mr Patowari said here that the toll included two who died today, one in Dibrugarh and one in Nagaon district, and nine more were admitted to various hospitals in Dibrugarh, Diphu and Nagaon districts. He said no fresh cases were reported from other districts today. [Text] [Calcutta THE TELEGRAPH in English 19 Sep 86 p 5] /9317

MYSTERY DISEASE DEATHS--Daltonganj (Binar) Sept 21--Nineteen people, including 15 children, died of an unknown disease during the past week at Garu village of the district, reports UNI. According to reports, no medical relief was provided to the victims. [Text] [Calcutta THE STATESMAN in English 22 Sep 86 p 4] /9317

CSO: 5450/0012

ISRAEL

CANCER EXPERTS EXCHANGE DATA WITH ARABS IN PARIS

AU211741 Paris AFP in English 1732 GMT 21 Oct 86

[Text] Paris, Oct 21 (AFP) — Arab and Israeli cancer experts exchanged data on cancer in the Mediterranean region at a two-day symposium which ended Tuesday south of here.

Sponsored by France's Cancer Research Association (ARC), the symposium in the Paris suburb of Villejuif, brought together specialists from Algeria, Morocco, Tunisia, Egypt, Lebanon and Israel, who discussed the different types of cancer in their respective countries and differences with European cases.

ARC President Jacques Crozemarie, stressing his efforts to promote international cooperation in cancer research, said it was highly significant that Arab and Israeli experts had been brought together to exchange valuable data.

The experts found skin, bladder and non-Hodgkins lymphoma cancers were the most frequent in the Mediterranean region, while they are much rarer in Europe and the United States. Bladder cancer is particularly prevalent in Egypt and the Gulf area, where it is linked to a parasite causing schistosomiasis, a disease which attacks the body's immune system, they added.

In Israel, bladder cancer is on the increase while lung cancer remains at the same level, said Dr. Barukh Modan, who stressed the absence of genetic factors in the distribution of type of cancer in Israel's multi-ethnic population.

/9274
CSO: 5400/4503

KENYA

ARID REGIONS REPORT INCREASE IN DISEASES

Nairobi SUNDAY NATION in English 28 Sep 86 p 5

[Article by Pettus Okwachi]

[Text]

Rare and unusual diseases are increasing in the dry parts of Kenya, a team of doctors have reported.

Kidney diseases, hydrocephalus (water in head), tourettets (a disease of nervous system) bone infections and leprosy are reported to be increasing in those areas according to two American missionary doctors accompanied by seven nurses and other para-medical staff.

Dr Steve Behrends and Dr Larry Biehler said that venereal diseases were increasing in areas around Eldoret while leprosy was becoming common in Ngong. They also said that eye infections, scabies, nose and throat ailments were diagnosed by the team.

The American Missionary doctors, arrived here on September 13 on sponsorship by Feed the

Children, a division of Larry Jones Evangelistic association whose headquarters is in Oklahoma City in United States of America in conjunction with African Inland Church of Kenya (AIC).

Their chief host was John Seii, co-ordinator of the Feed the Children in Kenya and Reverend John T. Mpaayi of the AIC. The doctors carried a consignment of medicines worth 40,000 dollars which they gave the Feed the Children voluntary organisation to distribute to their various clinics in the country.

"The only way to control these infectious diseases is to impose hygienic measures particularly those that have to do with water, wells should be drilled in those areas as the inadequate water supply is the main problem" said Dr Behrends.

/9317

CS0: 5400/32

KENYA

TSETSE MENACE REPORTED IN DISTRICTS

Nairobi DAILY NATION in English 2 Oct 86 p 13

[Text]

A disease transmitted by tsetse fly has killed more than 30 cattle in Oyugis Division and a number of people have been infected with sleeping sickness, the Oyugis District Officer has said.

Mr George Wafula told members of the South Nyanza District Development Committee meeting on Tuesday that the tsetse fly population had increased in Kodera forest area.

The flies cause nagana disease in cattle and sleeping sickness in human beings.

Mr Wafula said that the problem had not been attended to despite attempts to alert

livestock officers about it.

The Minister for Health, Mr Peter Nyakiambo, and the local District Commissioner, Mr Victor Musoga, said the tsetse fly menace had been identified in Mfangano Highland and along the lake shore.

Mr Nyakiambo told the members that during his tour of the highlands with the Permanent Secretary, Mr Simon Shitemi, they saw swarms of tsetse flies.

But the District Livestock Officer, Mr Joseph Ajowi, said the outbreak of tsetse flies in Kodera forest was being investigated by his officers.

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CS0: 5400/32

MALAYSIA

BRIEFS

1986 DENGUE FEVER CASES--The number of dengue cases reported in the country in 1986 so far is less than half the total in 1982--the last peak year for the disease. The Health Ministry's vector-borne diseases control program director said on 25 September that a total of 1,144 cases were reported for the first 9 months of 1986, compared with 3,006 in 1982. He told the national news agency BERNAMA the decline in cases was due to the various cleanup campaigns by the ministry. [Summary] [Kuala Lumpur International Service in English 0800 GMT 25 Sep 86 BK] /8309

CSO: 5400/4307

NEPAL

HUNDREDS REPORTED TO DIE OF ENCEPHALITIS, MENINGITIS

BK041328 Hong Kong AFP in English 1323 GMT 4 Oct 86

[Text] Katmandu, 4 Oct (AFP)--More than 280 people have died of encephalitis and meningitis in southwest Nepal in the past six weeks, official sources said Saturday.

The diseases have swept the 650-mile (1,040 kilometers) Terai Belt bordering the Indian states of Bihar and Uttar Pradesh, leaving 281 people dead and causing panic, the sources said.

Both diseases cause inflammation of the brain, and meningitis can also cause inflammation of the spinal cord.

In Kailali District, some 270 miles (430 kilometers) southwest of Katmandu, 16 people, many of them children, have died in the past month, and 55 people have died in the past 10 days in Dhangadi and Tikapur districts further to the west.

More than 140 people have died in Morang, Jhapa Sunsari and Birgunj Districts 190 to 290 miles (300-470 kilometers) southwest of Katmandu as the diseases have spread into the eastern end of the Terai Belt, the sources said.

Schools have been closed indefinitely in several parts of Kailali District due to the spread of the disease.

Officials have managed to control the spread of the diseases to some extent in the southeast, despite a lack of medicine and doctors, but the situation in the southwest has not been brought under control, the sources said.

Funds were raised to buy more insecticides and animals, particularly pigs were quarantined to check the spread of the diseases, the sources added.

/7358

CSO: 5400/4700

PEOPLE'S REPUBLIC OF CHINA

ACHIEVEMENTS IN MALARIA CONTROL DURING 6TH 5-YEAR PLAN

Beijing JIANKANG BAO in Chinese 9 Aug 86 p 2

[Article by Zhu Defu [2612 1795 4395], Yunnan Provincial Institute of Malaria Control]

In recent years, responsible authorities in various provinces, municipalities, and autonomous regions throughout China have been earnestly carrying out "The 1983-85 National Malaria Control Program" promulgated by the Ministry of Health, and have initiated large scale malaria prevention and treatment work with outstanding results. In 1985, the number of malaria patients in China had dropped to 563,000 from a 1981 figure of 3.059 million, a decrease of 81.6 percent. At the same time, the incidence of malaria had dropped to 54.93/100,000 in 1985, from 307.13/100,000 in 1981, the lowest level since the founding of the people's republic. In 1985, in a total of 2,120 counties throughout China that contained a population of 747 million, the incidence of malaria was controlled at less than .0001.

In 1974, after approval by the State Council, the five provinces of Jiangsu, Shandong, Henan, Anhui and Hubei began a joint program of malaria control. Before the program was initiated, the number of people suffering from malaria had reached 13.99 million in 1973, but a massive effort by the leadership at various Party levels and government agencies, with joint participation of large cadre groups, the masses, and professionals and technicians brought a large scale epidemic under control. In 1985, the number suffering from malaria had dropped to 392,000. In the 272 counties in Shandong Province, the incidence of malaria was controlled at less than .001. Because the scope of the epidemic area was markedly diminished, the threat of the danger was also reduced, thus conserving labor that allowed for promoting industrial production and the four modernizations.

In August 1985, the Ministry of Health organized a survey team comprising more than 20 specialists and professors representing 18 provinces, municipalities, autonomous regions, and the Institute of Parasitology of the Academy of Preventive Medicine to conduct on-site surveys. Covered were the town of Kaili and the counties of Majiang, Hwangping, Zhenyuan, Shibing, Tianzhu, and Jinping in the Miao and Tong autonomous regions of southeastern Guizhou Province, and the adjacent 12 counties (municipalities) of Wengan, Fuquan, Lungli, and Guiding of the Buyi and Miao autonomous regions in southern

Guizhou to determine that the basic malaria eradication guidelines as set down by the Ministry of Health have been followed. This represents a great accomplishment in China's malaria prevention program which will be effectively advanced another step forward. At present, many surveys have been conducted by the departments of health for the various autonomous regions and provinces, and their findings show that 87 counties have met basic malaria eradication standards, and another 26 have met control standards.

As for malignant malaria which poses a greater danger and a higher mortality, its prevalence in the three provinces of Jiangsu, Henan, and Anhui has been basically clarified so that a firm foundation for basic eradication of malignant malaria during the Seventh 5-Year Plan can be established. The numbers of malignant malaria cases in various provinces and regions have also shown a decrease.

At present, a program using microscopic slides to screen for malaria parasites has been initiated in China over an area embracing a population of 345 million to check on all fever cases. In 1985 alone, a total of 18.35 million people have been examined, an increase of almost 3 times the figure for 1982.

In the south, the seven provinces (regions) of Guizhou, Yunnan, Sichuan, Jiangxi, Fujian, Guangxi, and Hunan already have in place, for the last 5 years in a row, programs and studies for monitoring and managing malaria eradication in its final stage. At present, 36 counties covering an area populated by 11.88 million are participating in joint studies, and a set of preliminary practical guidelines for monitoring and managing malaria eradication in the final stage has been devised.

Recently, the Bureau of Epidemic Diseases Control of the Ministry of Health has set up a National Program of Malaria Control for the Seventh 5-Year Plan, whose chief goals during this Seventh 5-Year Plan are a further decrease in the incidence of malaria, strengthened monitoring to prevent local fulminating epidemics, reducing the epidemic prevalence of malignant malaria, broadening the areas where malaria is basically eradicated, and adding more counties (municipalities) to the roster of those having met malaria eradication standards.

5292

CSO: 5400/4125

PORTUGAL

BRIEFS

MENINGITIS CASES IN AZORES--Walter Adrayde, responsible for the health sector in the Sao Miguel district, admitted that there are a number of limited cases of meningitis in this Azorean island. He denied that the situation is "cause for concern," even though he acknowledged that it will only be at the end of the month that the real dimensions of the small outbreak will be known. Referring to the number of cases registered thus far in Sao Miguel (about 130), he stated that this is an "insignificant" number compared to the dimension of the island. [Excerpt] [Lisbon DIARIO DE NOTICIAS in Portuguese 14 Oct 86 p 17] /8309

CSO: 5400/2411

SINGAPORE

BRIEFS

FIRST AIDS CASE--Dr Chew Chin Hin, acting permanent secretary (health), told a press conference on 26 September that the first case of acquired immune deficiency syndrome, AIDS, has been discovered in the island republic. The patient, "a Singapore man who has travelled widely," is being treated for gut and chest infections at the Communicable Disease Center at Tan Tock Seng Hospital. It was confirmed on 25 September that he has clinical AIDS, which means his immune system is damaged, and his body is defenseless against infections. [Summary] [Singapore THE STRAITS TIMES in English 27 Sep 86 p 1 BK] /7358

CSO: 5400/4306

SOUTH AFRICA

RABIES SPREADING INTO NATAL, NO SIGNS OF ABATING

Durban THE DAILY NEWS in English 26 Sep 86 p 9

[Text]

THE killer disease rabies is showing no signs of abating as it spreads into parts of Natal where it has never been seen before.

"It has been a gradual thing, intensifying in the past few months," said Dr Max Bachmann, acting regional director of Veterinary Services in Natal.

So far, there had been 33 cases of rabies since April this year, increasing from three in that month to six in July and 12 in August.

"So it's the trend that worries us and the fact that our control measures do not seem to be effective," Dr Bachmann said.

Another worrying factor was the way the disease was spreading to new areas.

It had appeared for the first time at at Underberg and Matatiele, where a person had died of rabies about two months ago.

The exact area of infection was unknown.

"We know there is some rabies in Lesotho and we have had unconfirmed reports of human cases in the Transkei," he said.

However, these were difficult to verify.

There had also been infected dogs at Ixopo and Underberg for the first time.

Dr Bachmann said the area that was chiefly involved with the killer disease was the Natal coastal region, with Port Shepstone and Umzinto in the south the most badly affected.

"There have also been cases around the Pinetown and Westville areas, and up the coast towards Tongaat." The latter had a

lower infection rate.

A cause for concern was the fact that there appeared to be no drop-off in cases after an intensive vaccination campaign. "Usually there is a pretty dramatic downward effect on the incidence of rabies within two months after a vaccination programme," he said.

"We completed our heavy vaccination programme on the coast in April which means we should be anticipating a downturn, but the incidence has in fact multiplied.

"This indicates that the situation is rather serious," he said.

"We expect to put in 600 000 doses between ourselves, practitioners and the KwaZulu authorities every year in Natal. In the past 12 months, we are down on this figure by about 20 or 30 percent."

Dr Bachmann stressed that puppies should be vaccinated between three and four months of age, and then again within the next 12 months.

"Thereafter, they should be vaccinated within periods of 36 months for the rest of their lives."

He warned that if puppies were inoculated too early, there was a danger of them not developing an immunity to the disease.

"However, there is no question of the vaccination causing rabies in a puppy. There seems to be misconception about this."

Dr Bachmann said vaccinations were not compulsory for cats, but if necessary, they should be done once a year.

SOUTH AFRICA

BRIEFS

FIRST GARANKUWA AIDS CASE--The first Acquired Immune Deficiency Syndrome (AIDS) patient to be treated at the GaRankuwa Hospital has been discharged, the hospital's medical superintendent, Dr Rudolf van Niekerk, said yesterday. Dr Van Niekerk said the 20-year-old patient was transferred from the Caprivi Hospital to GaRankuwa in June. The patient had a history of general malaise which plagued her for three months and she was very emaciated on admission. He said that she was treated for pulmonary tuberculosis, malaria, fungus infection of the oesophagus and AIDS. Dr Van Niekerk said the AIDS was confirmed by experts on September 18.--Sapa [Text]
[Johannesburg THE CITIZEN in English 27 Sep 86 p 4] /9317

CSO: 5400/23

SPAIN

BRIEFS

TRICHINOSIS REPORTED IN CORDOBA--Seville--Sources in the local office of the Council Advisory Board on Health reported yesterday that eleven persons in Cordoba Province have been affected by an outbreak of trichinosis caused by the consumption of pork sausage. The agent transmitting the trichinosis has been found in a shipment of sausage bearing the sanitary registration number 10,109/CO and produced by a firm in El Alcornocal near Fuenteovejuna. The 11 persons who were stricken are recovering satisfactorily, and most of them have already returned home. Health authorities in Cordoba have seized all inventories at the firm in question as well as those located at retail establishments which presumably obtained their supplies of the product from that firm. The Advisory Board on Health has advised the population to "take the greatest precautions and to refrain from consuming products manufactured with the above-mentioned sanitary registration number." [Text] [Madrid EL PAIS in Spanish 27 Sep 86 p 18] 11798

CSO: 5400/2408

SRI LANKA

BRIEFS

MALARIA EPIDEMIC HITS COLOMBO--Director-General of Health Services Dr Joe Fernando explaining the malaria epidemic in Colombo and its suburbs said that they would have contacted the infection after visits to affected areas outside Colombo. THE ISLAND exclusively reported in its issue of 29 September, that about 22 positive P. Falciparum cases had been reported from Ratmalana, Kochchikade, Kirindiwela, Kaduwela, Aturugiriya and Nittambuwa. A statement issued by the Health Ministry says that about 20 cases of Falciparum malaria had been reported from Kochchikade, Kirindiwela, Kotte and Wattala areas. A number of cases of malaria had been reported during the past years from the Badulla region and most of these patients had contacted the disease while at Girandurukotte where malaria is prevalent. It says that though these cases have been reported, no local transmission had occurred in these areas. It also adds that there was no shortage in the cadre of microscopists in the AMC and that all the aid given by the government of Japan has been well used. [Text] [Colombo THE ISLAND in English 1 Oct 86 p 1] /9274

CSO: 5400/4701

SUDAN

AIDS SUSPECTED IN UGANDAN REFUGEE

Addis Ababa THE ETHIOPIAN HERALD in English 27 Sep 86 p 6

[Text] Khartoum--A Ugandan refugee who was shunned by several hospitals because he was suspected of having the killer blood disease AIDS died in hospital here on Tuesday.

The man's presence set off a strike at Soba University hospital earlier this month after he arrived from a hospital in Juba. He was then transferred to Khartoum hospital where he died. Nurses there also threatened a strike.

Just before his death the Health Ministry said he was only suspected of having AIDS and that a sample of his blood had been sent to London for analysis.

Two people are now recorded as having died from AIDS in Sudan. The other was a Sudanese who returned from Norway late last year and died in hospital. (AFP)

/9317
CSO: 5400/4602

SWAZILAND

BRIEFS

SMALLPOX CASES REPORTED IN MANZINI—Manzini is being threatened with an outbreak of smallpox. At least two cases of smallpox have been confirmed at the Raleigh Fitkin Memorial Hospital. Speaking at an interview with the information department today, the director of medical services, Dr James Thuku, said at the moment there is no outbreak. He said doctors at Raleigh Fitkin Memorial Hospital told him that two patients have been found suffering from smallpox. He said smallpox is not a deadly disease, stressing that it is one of the illnesses that come and go. At Nazarene High School, five girls were reported to be suffering from smallpox. The victims of the smallpox remain at the hostel, as the disease is contagious. Dr Thuku said the disease is caused by a virus. An administrator of the Raleigh Fitkin Memorial Hospital said a group of girls came at the hospital yesterday seeking medical help. He said he did not inquire whether the girls were also suffering from smallpox. Doctors at the hospital said the girls went to the laboratory for blood tests. The smallpox was detected in one boy and one girl. The hospital spokesman said the pupils were also tested for other diseases. [Text] [Mbabane Domestic Service in English 1600 GMT 8 Oct 86] /8309

CSO: 5400/29

SWEDEN

CHLAMYDIA RESULTING IN EVER INCREASING STERILITY

Stockholm DAGENS NYHETER in Swedish 4 Sep 86 p 6

[Article by Elisabeth Grundstrom]

[Text] Cases of Fallopian tube inflammation are increasing at an alarming rate. This is usually due to chlamydia infection, which is now the most common sexually transmitted disease. Since inflammation of the Fallopian tubes often results in sterility, an effort must now be made to detect klamydia at an early stage.

In the latest issue of LAKARTIDNINGEN Jorma Paavonen and Pal Wolner-Hanssen, both of whom work at the University of Washington in Seattle, reported on klamydia and sterility. They found that chlamydia was the most common cause of Fallopian tube inflammation, a disease that affects 10 to 14 percent of all women of childbearing age. The disease has increased by 20 to 50 percent during the past decade.

Without Discomfort

From 1960 to 1980 the disease increased by 60 to 90 percent in the 20 to 29 year age group. Chlamydia is more common than gonorrhea among victims of Fallopian tube inflammation and it can be found in the uterus of 45 percent of all Fallopian tube inflammation patients.

Chlamydia is unique in that it is a venereal disease that causes no significant discomfort. The infection can often spread upward from the lower sexual organs to the uterus and on to the Fallopian tubes before the woman seeks help. The Fallopian tube inflammation caused by klamydia can also be mild and result in damage to the Fallopian tubes before the woman comes in for treatment.

In industrialized countries, 20 to 40 percent of female sterility is due to damage to the Fallopian tubes, in which scar tissue can block the tubes. According to Swedish studies, women who have had Fallopian tube inflammation run a 4- to 7-fold higher risk of becoming sterile. After three or more cases of Fallopian tube inflammation, more than half of the women are sterile.

Between half and two thirds of the cases of sterility resulting from Fallopian tube damage are caused by previous chlamydia infections, according to studies from various countries.

This bleed data points to the need for strong measures for the early detection and treatment of chlamydia infections, the two Seattle researchers wrote. Routine examination for childlessness should include a chlamydia test. A major effort must be made to detect and treat chlamydia infections before they reach the Fallopian tubes.

Relatively inexpensive tests are now available that use monoclonal antibodies to detect chlamydia. They should be used on high-risk groups who seek treatment for venereal disease, contraceptives, or abortion counseling.

Lars Forssman, who is an associate professor and clinical instructor at the Women's Clinic of Ostra Hospital in Goteborg, wrote in LAKARTIDNINGEN that the serious effects on fertility described by Paavonen and Wolner-Hanssen justify the use of active preventive measures.

Symptom-Free

Since about half the women infected with chlamydia have no symptoms, it is important to examine the paths of infection and to treat all young, sexually active women as a high-risk group. This will require knowledgeable and actively involved personnel.

"More information must be made available to young people, without allowing this to result in new moralistic attitudes. The condom is a good protection against infection and should be used, regardless of which contraceptives are used, by persons who change partners and engage in casual relationships," Lars Forssman wrote.

9336

CSO: 5400/2563

SWEDEN

INCREASING CONCERN OVER AIDS SPREAD

Worsened Situation In Malmo

Stockholm DAGENS NYHETER in Swedish 6 Sep 86 p 8

[Article: "Worsened AIDS Situation in Malmo"]

[Text] Seven people have already died of AIDS and 12 more are being treated for the sickness. Doctor Hans Bertil Hansson, a contagious-disease physician for the Environmental and Health Protection Administration of Malmo, said on Friday that within 2 years there would be 100 persons with AIDS in Malmo, if the present rate continues.

Thus, the situation has worsened rapidly in Malmo and Malmohus County. There are now 1,200 people in the entire county who have been infected with the AIDS virus. Within 1 to 1.5 years, hundreds of these and others will be sick with AIDS. The authorities fear that within 5 years there will be 300 AIDS victims.

"The infection has also spread among intravenous drug users in Malmo, which has increased the danger significantly," Hansson said.

Many prostitutes in Malmo are intravenous drug users.

Funds For AIDS Fight Abroad

Stockholm SVENSKA DAGBLADET in Swedish 20 Aug 86 p 7

[Article by Ola Sall]

[Text] SIDA (Swedish International Development Authority) plans to spend 15 million kronor on the fight against AIDS. Some of the money will be used to give developing countries their own equipment to diagnose the disease.

Most of the money, 12 million, will go to the World Health Organization (WHO), which is establishing a worldwide research program to survey the extent of the disease. Sweden will be one of the largest individual contributors to the program, which is estimated to cost about 80 million kronor during the next year.

SIDA will also donate 3 million kronor to the State Bacteriological Laboratory (SBL), which WHO has designated as a coordinating center for the fight against AIDS. One of its tasks will be to develop laboratory methods.

Apart from the WHO program, SIDA also intends to help fight AIDS in Africa. Angola and Tanzania will receive equipment for testing suspected cases. Uganda has applied for equipment of this type. The Health Ministry of Zimbabwe wants to work with Sweden to control the spread of the disease and Zambia wants to use study visits to Sweden to see how the Swedish AIDS research is organized.

SIDA itself plans to send personnel to the various African countries this fall to see what can be done.

A total of 25,500 cases of AIDS have been reported to WHO since the disease was discovered in 1980. More than 90 percent of the cases have been reported from North and South America, while only 378 cases have been reported from Africa. The figure for Africa is believed to be far too low, since African countries lack the equipment to verify the disease and cases are seldom reported to the authorities.

Proposed AIDS Legislation Viewed

Stockholm DAGENS NYHETER in Swedish 22 Aug 86 p 2

[Editorial: "A Certain Venereal Disease"]

[Text] The National Association for Equal Sexual Rights (RFSL) described the government's latest proposal for legislation against the spread of AIDS as a crime against the fundamental principles of a state governed by law. Victims will be subjected to the whims of the doctors. The association pointed to the danger of police and medical supervision of the private lives of homosexuals.

The criticism is not totally groundless. There is reason to listen to RFSL, which is the voice of a key group in the battle against AIDS. The proposed changes in the law on protection against contagious diseases are an armchair exercise with clear political markings.

The absence of a clear course of action is obvious.

One of the proposals is that a drug addict who is undergoing forced treatment, according to the law on protection against contagious diseases, may be transferred, at his own consent, to an institution for the care of drug abusers. The patient would then still be considered to be admitted to the hospital, but the possibility of forcing him to stay would cease. These regulations would take effect if the government so directed, "in conjunction with a certain venereal disease."

What kind of runaround is this? In practice, drug addicts are the only group singled out for compulsory measures in connection with AIDS, but the government does not want to follow the natural course of strengthening the law on the care of drug abusers--a course that is recommended by RFSL and others. Apparently,

Social Affairs Minister Gertrud Sigurdson still feels bound by the compromise that resulted from the major battle over compulsory care. The result is that the law cannot be used preventively, for example to protect a prostitute who uses heroin from contracting AIDS. Since compulsory care is regulated by the law on contagious diseases, everyone in the high-risk group will mistrust the authorities. The proposed legislation is a failure on two counts.

Another point in the proposal deals with the obligation to turn over all information requested by disease-control authorities. All the authorities and all health care personnel, including private doctors, would be required to report everything about individual patients that the disease-control doctors need to know in order to do their job. This regulation would take effect if the government so required, "in conjunction with a certain venereal disease."

The authors of the proposal wrote that critics had pointed out the need for more effective protection against contagion required stronger measures to protect personnel integrity. Often, they pointed out, "these same critics have called for changes in both these directions."

Is this so contradictory? The great danger of contagion results from the unknown cases which, in round numbers, may be estimated at four times the number of cases that are discovered. Some of these cases can be discovered by following the path of the infection from individual, but this is a difficult and uncertain method. The disease can be latent for many years and the possible cases of infection can be so numerous that they cannot be listed. Thus, the best way to find the thousands who are not known to be infected is to persuade people in high-risk situations to allow themselves to be tested. Consequently, the protection of personal integrity is not simply a value that must be weighed against the need to stop the contagion, but it is a necessary tool in the battle against AIDS.

The number of known cases increases only slowly and does not keep pace with the spread of the infection which may be assumed to be rising continually. There is a documented and understandable aversion, particularly among homosexuals, to having their name added to a list of infected or high-risk persons. Hospitals are now beginning to treat patients with advanced cases of AIDS, who have never been tested in any way. This indicates that there is a barrier of mistrust.

In this situation, can we afford to weaken the protection of individual integrity? Here, too, the proposal seems to indicate that the problem is a result of the drug addicts. According to the proposal, most cases in which the right to secrecy is waved would result from the suspicion that the patient had failed to follow his doctor's orders. It is said that difficulties in this respect "almost without exception" applied to intravenous drug users. Apart from medical information, the information that disease-control authorities are believed to need most would come from welfare agencies, the police, and corrections authorities.

Thus, personal integrity would give way if there were a group of patients who required extra monitoring—namely drug addicts. Otherwise, arguments against the proposed changes would have weighed heavier than the arguments in favor. It could have been assumed that most people infected with AIDS would seek help voluntarily to combat the disease.

Here, too, it would have been better to solve the problem for drug abusers within the framework of the existing laws, instead of creating concern and mistrust among everyone who has or may be in danger of contracting the AIDS infection.

In Sweden, as elsewhere in the world, AIDS is spreading according to the same frightening pattern as before. We cannot afford to act on this fateful issue without first thinking through our actions carefully.

9336

CSO: 5400/2563

SWEDEN

HEPATITIS-A EPIDEMIC IN SOUTHERN PART OF COUNTRY

Stockholm DAGENS NYHETER in Swedish 30 Aug 86 p 6

[Article by Eva Stenstrom]

[Text] A jaundice epidemic has broken out in Skania. So far, 27 persons have come down with infectious jaundice--hepatitis-A. The disease is centered around the Malmo-Lund region, but individual cases have also been found in Kristianstad, Karlskrona, and Kalmar.

"It is impossible to say whether we are looking at the tip of the iceberg or the entire iceberg," said Hans Bertil Hansson, a disease-control physician in Malmo. It is not now possible to say whether the number of victims will rise.

The source of the hepatitis is not yet known. Most of the patients are about 25 years old. There are no children or elderly people in the group.

Domestic Contagion

"The contagion is domestic. One or two patients have been abroad and may have picked it up there. According to our information, there are now drug users or anyone in contact with drug users in the group."

In an attempt to find a common source of the contagion, as many patients as possible will gather in Malmo today, Saturday. They will fill out questionnaires, including information on various summer activities, visits to camping sites and restaurants, for example. The idea is to "close in" on the disease, as Hans Bertil Hansson explained.

Tourist - Jaundice

Hepatitis-A is also called tourist's jaundice. The disease is usually spread by impure water or food. Mussels and other shellfish are typical examples. After the infection, there is an incubation time of 4 to 6 weeks before the illness breaks out. Those who caught the disease in the Malmo-Lund region became sick in mid-August.

The risk of contagion is greatest before the sickness breaks out, before the victim even knows he or she has the disease, and before the skin takes on the characteristic yellow coloring.

The disease itself passes in about 10 days. The symptoms include fatigue, nausea, and loss of appetite. Hepatitis is a viral disease that attacks the liver and is more serious the older the victim. The treatment consists of maintaining the proper diet and resting.

Hygiene Important

"There is no medicine that helps," Sven-Bertil Hansson said. "The best way to avoid the disease is to practice good hygiene, such as carefully washing one's hands after using the restroom, since the virus is found in the intestines."

Even though the course of the disease is often mild, however, the aftereffects can be persistent.

"The most serious effect is fatigue, which makes it impossible for many victims to work for several months after the illness," Hans-Bertil Hansson said.

9336

CSO: 5400/2563

TRINIDAD AND TOBAGO

MOSQUITO CARRIED AIDS-LIKE VIRUS FIRST RESEARCHED HERE

Report on Bartholomew's Work

Port-of-Spain SUNDAY GUARDIAN in English 28 Sep 86 pp 1, 16

[Text]

THE Ministry of Health said yesterday that research on the possibility of mosquitoes spreading a cancer-causing virus similar to AIDS was initiated in Trinidad and Tobago over a year ago by Professor Courtenay Bartholomew, of UWI's Faculty of Medicine, and the acknowledged local expert on the subject of AIDS and T-cell leukaemia.

The Ministry also pointed out that "infectivity" of this cancer-causing virus is extremely low and this type of leukaemia (cancer of the blood) was not common in Trinidad and Tobago.

The Ministry was responding to an Associated Press report from New York in yesterday's Guardian in which Professor Melvyn Greaves of the University of London's Institute of Cancer Research reported that he and his colleagues had found preliminary evidence that mosquitoes may be spreading a cancer-causing virus. Professor Greaves said they found that T-cell leukaemia which is caused by a virus was most likely to occur near open water sources where mosquitoes breed and believe that a good candidate for transmission would be a domestic insect such as the aedes egypti mosquito.

In its release yesterday, the Ministry of Health here noted that evidence supporting such a possibility was shown by Prof Bartholomew six months ago but he had insisted that further studies were needed to confirm his findings. The release added that the Ministry had been kept informed by Prof Bartholomew of his work and was collaborating with him on such studies.

Prof Greaves's study was done on the blood of 3,000 people from Trinidad and Tobago. The blood samples were said to have been transported to England where Prof Greaves did his work.

Contacted yesterday, Prof Bartholomew was asked why he did not receive credit for his work in the New York release on Friday. He said he had no comment to make except to say that when Dr Baruch Blumberg, Nobel laureate of the Fox Chase Cancer Institute in Philadelphia, was interviewed by the Associated Press reporter on Friday for a comment on Greaves's research, Dr Blumberg told him to contact Prof Bartholomew, whom Dr Blumberg said had reported his findings at a scientific meeting in the USA several weeks before now.

Dr Blumberg gave the AP reporter Prof (Bartholomew's address, but Prof) Bartholomew was not contacted. When informed of this Dr Blumberg expressed surprise that the reporter had not contacted Prof Bartholomew and that the research findings were attributed solely to Prof Greaves.

Prof Bartholomew said that when he delivered his paper at the annual scientific meeting of the Laboratory of Tumor Cell Biology of the National Cancer Institute in the USA some weeks ago, he was interviewed by Newsweek magazine. He told them, however, that he did not want anything printed in the lay press, international or local, before his paper was published in the scientific journals.

Commenting on Prof Greaves's findings, he did say, however, that they were as stated, only preliminary evidence without definitive proof and were based on an entirely different line of approach to his, although their conclusions were similar.

He said he had some reservations about the relevance of certain entomological data in Prof Greaves's research but was not prepared to discuss them at this time before discussing it with Prof Greaves.

He did however disagree with the press report from New York which quoted Prof Greaves as saying that "the evidence is rather weak" that sexual transmission and blood transfusion are also possible routes of transmission of the leukaemia virus. Prof. Bartholomew said that he and his colleagues, Dr William Blattner and Dr Robert Gallo of the National Institute of Health, USA, had convincing proof that sexual transmission is a definite mode of spread of the leukaemia virus. This was based on work done here in Trinidad and will soon be submitted to another international journal for publication.

Ministry of Health Statement

Port-of-Spain SUNDAY GUARDIAN in English 28 Sep 86 p 1

[Text]

THE full text of the Ministry of Health's release:

The Ministry of Health and Environment has noted the news release of a report by Professor M. Greaves of the Leukaemia Research Fund Centre in London on a study of the sera of some 3,000 people in Trinidad and Tobago which suggested that a cancer-causing virus similar to the AIDS virus may be spread by insects.

The Ministry wishes to stress that this cancer-causing virus is not the virus of AIDS. Apart from research on the AIDS virus, Prof Courtenay Bartholomew, Professor of Medicine, University of the West Indies, and his colleagues here and in the National Institute of Health, Bethesda, Maryland, have been involved in research on this cancer-causing virus since 1984. Their studies have shown evidence that it appears possible that a certain type of mosquito may be a vector of transmission for this virus which causes a type of leukaemia (cancer of the blood) in man. This leukaemia virus was first isolated by Dr Robert Gallo in 1980. Dr Gallo is also co-discoverer of the virus of AIDS in 1984.

The possibility of insect vector transmission of the leukaemia virus was conceived by Prof Bartholomew over a year ago and evidence supporting such a possibility was shown by him some six months ago. However, he insisted that further studies are needed to confirm his findings. The Ministry of Health and Environment has been kept informed of his research and is collaborating with him on such studies.

It was agreed that joint publication by the Leukaemia Research Fund Centre in London and Prof Bartholomew and his colleagues will soon be made in an international medical journal.

The Ministry wishes to point out that the infectivity of this cancer-causing virus is extremely low and this type of leukaemia is uncommon in Trinidad and Tobago.

Bartholomew Comments

Port-of-Spain SUNDAY EXPRESS in English 28 Sep 86 p 5

[Test] Professor Courtenay Bartholomew, Professor of Medicine, University of the West Indies, made the following comments yesterday when he was contacted by the SUNDAY EXPRESS on the subject of mosquitoes as carriers of cancer-causing T-virus:

On his research on the link between mosquitoes and the leukaemia virus:

"I recently delivered a paper on my research findings on the possibility of transmission of the leukaemia virus by certain mosquitoes at the Annual Scientific Meeting of the Laboratory of Tumor Cell Biology of the National Cancer Institute in Gaithersburg, USA, and which was organised by Dr Robert Gallo.

"Following my paper, I was interviewed by Newsweek magazine and also a New York newspaper. However, I specifically informed them that I did not wish anything to be printed in the lay press before the paper was published in the scientific journals. For the same reason I did not approach the local press here months ago."

On Professor Melvyn Greaves' findings:

"Professor Greaves' findings are only preliminary evidence without definitive proof and were based on an entirely different line of research approach to mine, although our conclusions are similar. I have some reservations about the relevance of certain entomological data in Professor Greaves' research but I am not prepared to discuss them at this time before discussing it with him.

"I certainly disagree with the press release from New York which quoted Greaves as saying that the 'evidence is rather weak' that sexual transmission and blood transfusion are also possible routes of transmission of the leukaemia virus.

"My colleagues (Dr William Blattner and Dr Robert Gallo of the National Institute of Health, USA) and I have convincing proof that sexual transmission is a definite mode of spread of the leukaemia virus. This was based on work done here in Trinidad and will soon be submitted to another international journal for publication."

On why he received no credit for his work in the release from London, Professor Bartholomew said he had no comment to make other than:

"When Dr Baruch Blumberg, Nobel laureate of the Fox-Chase Cancer Institute in Philadelphia, USA was interviewed by the Associated Press reporter last week for his comments on Professor Greaves' research, Dr Blumberg immediately told him that he should speak to Professor Bartholomew as Blumberg knew that

I had reported my findings at a scientific meeting in the USA and had discussed my work with him in Philadelphia several weeks before that.

"He gave the reporter my telephone number and address. Dr Blumberg is a co-author with me on another paper on hepatitis to be published soon. When contacted yesterday, Dr Blumberg expressed great surprise that the reporter did not contact me and that the research findings were attributed solely to Professor Greaves."

/9317

CSO: 5440/013

UGANDA

RECENT FIGURES PROMPT AIDS CONTROL PROGRAM

Kampala FOCUS in English 3 Oct 86 pp 1, 6

[Excerpt] A Ugandan cabinet minister has said that two hundred and fifty-five (255) AIDS (Slim) cases have so far been confirmed in Uganda out of which 110 are in and around Kampala and there are fears that the disease, mainly transmitted through sexual contacts is spreading to other distant districts from Southern Uganda where it was first reported.

Quoting medical research results, the Minister revealed that 29 cases have been found in Mpigi District, 18 in Luwero, 12 in Rakai, 6 in Kabarole, 2 in Rukungiri and 2 in Kisoro. Soroti and Jinja have one case each while Kampala is leading.

And according to medical statistics released yesterday, Uganda's neighbour Kenya is not free from AIDS either and has been confirmed to have over 80 cases of AIDS.

According to medical findings it affects men and women equally and is mainly in people aged between 17 and 50 years.

It will be recalled that the British government announced last week that travelers from Uganda, Tanzania and Zambia are to be subjected to AIDS test before they can be allowed into Britain, a move which has angered the countries affected.

Inaugurating a campaign on the protection and control of AIDS (Slim) at Kampala City Hall yesterday, Deputy Health Minister Dr Batwala said, "It is uncommon for one to discuss sexual affairs in public, but this time we have to do it." He said Resistance Committees throughout the country are to be used to ensure a house to house explanation of the symptoms, control and prevention of this killer disease.

Dr Batwala called for a one man one woman system or a Zero-grazing method meaning a man/woman confining him/herself to his/her sexual partner, expressing concern about polygamists.

"Our work is to explain the dangers and prevention of communicable diseases like malaria, measles, tuberculosis, AIDS and the 'choice' is yours," the deputy minister pointed out.

He, however, observed that though AIDS is a dangerous disease, it is not the major killer disease in Uganda. He attributed deaths, especially among infants, to infectious diseases like measles, malaria, hooping-cough to mention just a few.

Turning to medical personnel, Dr Batwala urged them not to threaten or ignore AIDS patients although the disease is still incurable.

Meanwhile posters discouraging people from having many sexual relations have been pinned in several strategic places in Kampala and pamphlets entitled "Love carefully" have been distributed in Kampala and arrangements being made to send them up-country.

Congregations in churches and mosques are also to have strange summons as religious leaders are being called upon to discourage "womanising" in their summons.

Brief case businessmen (especially those traveling outside) and truck drivers have been accused of being the major carriers of AIDS for allegedly meandering among women in different localities.

/9317

CSO: 5400/31

UNITED KINGDOM

AIDS FROM AFRICAN VISITORS VIEWED AS THREAT HERE

London SUNDAY TELEGRAPH in English 21 Sep 86 pp 1, 40

[Article by Alan Cochrane and Norman Kirkham]

[Text]

STRINGENT health checks, including blood tests, for all visitors to Britain from three black African states must be introduced to prevent the spread of the deadly Aids virus, the Foreign Office has been told. The measures are put forward in a confidential Whitehall report examined by The Sunday Telegraph.

A secret, summer-long investigation, ordered by Sir Geoffrey Howe, Foreign Secretary, into the threat posed by Aids in Africa has resulted in a series of alarming reports from British high commissions in Zambia, Uganda and Tanzania.

Their evidence has been supported by the findings of British doctors and health experts flown to Africa by Whitehall.

So horrific are their discoveries and the potential threat to Britain that the papers are being described by ministers and their senior advisers as "The Doomsday Reports."

Compulsory tests

The *Sunday Telegraph* has learned from one of the reports that British diplomats in Africa have concluded: "The visitors could be a primary source of infection and should be subject to compulsory tests."

The chief threat is thought to be posed by students sponsored by the British Council coming to this country to attend universities and colleges. Ministers are under intense pressure to act quickly before the arrival of hundreds of potential Aids virus carriers over the coming months.

The reports have been sent to Mr Fowler, Social Services Secretary, Mr Patten, Minister in charge of the Overseas Development Administration, the British Council and to British representatives at the World Health Organisation in Geneva, as well as to Sir Geoffrey.

The demands for medical checks immediately present ministers with an acute political dilemma. If they accept the advice they will be submitting young people, almost all of them black, to a new form of immigration control.

Ministers will lay themselves open to charges of racism if they force only blacks to submit to the proposed tests and not whites returning from business

or holiday trips to the three countries.

If it is decided to introduce screening, the Government must also decide where to locate the facilities — at Heathrow or in the African capitals. The investigations in Africa have shown an inexorable rise in the number of heterosexual young people who are carriers of the HTLV 3 Aids virus. They suffer none of the symptoms of the disease, but can pass it on to their sexual partners.

During 1984-85, the British Council sponsored 320 students from Zambia, 236 from Tanzania and 173 from Uganda. The current figures for the new term estimated to be higher, with the students' courses costing the British taxpayer more than £5 million.

The total numbers of students coming from the three countries was 616 from Zambia in 1984-85, 390 from Tanzania and 241 from Uganda, and this rate too is climbing.

The total number of visitors from the three countries in 1985 were 7,490 from Tanzania, 6,150

from Zambia and 5,000 from Uganda.

There are no restrictions on people from Zambia (population 6.24m), Uganda (14m) and Tanzania (19.73m) entering Britain and no routine health checks are currently carried out on any visitors.

The biggest menace is posed by Zambian visitors. In that country, 167,000 people out of a total population of six million are believed to be carriers. This figure will double within the next 12 months.

Women affected

A year ago, British doctors took samples from more than 700 patients at a Lusaka teaching hospital which revealed that nearly nine per cent of women attending the antenatal clinic were HTLV 3 positive.

The number of women in the country with the virus is virtually the same as the number of men, in direct contrast to Europe, where so far, 20 times more men are carriers.

In the West, Aids is normally contracted through homosexual relationships or by drug abusers sharing hypodermic needles infected with the virus.

But in much of the African Aids belt, homosexuality and drug addiction using hypodermics are almost unknown. The disease is spread there by heterosexual relationships, this has led to mounting fears that the disease could spread like wildfire among promiscuous young people, for example at British colleges.

The diplomats believe that the incidence of Aids in Africa is so high that medical screening is essential if the virus is not to spread in plague-like proportions in Britain, where already an estimated 30,000 people are infected. Twenty per cent of these will die from the disease.

Ministers will certainly be accused of neglect of duty if they fail to act promptly to protect the British people from a massive health risk.

One Whitehall official said last night: "Government advisers have been worried particularly about the situation in Zambia. The papers are being studied urgently at the Overseas Development Administration and the Department of Health with a view to recommending action."

The only effective method of screening for Aids is to test blood samples. All blood donated to the Blood Transfusion Service is now subjected to tests for the HTLV 3 virus to eliminate the possibility of the disease being transmitted in blood transfusions.

It can take up to three months to test blood for the virus, but in an emergency the procedure can be completed in six hours. French scientists have now developed a machine which can yield results in 10 minutes.

The reports prepared for Sir Geoffrey Howe's investigation claim that Aids carriers in Zambia could reach one million in 10 years' time — 250,000 of these could die from the disease.

In Uganda, Western experts reckon that as many as 10 per cent of the population — rising to 15 per cent next year — may be carriers.

The Tanzanian government has set up a special committee to combat the disease, but the British Government has been told "It would appear that the incidence of Aids is growing fast and that the disease is likely to become widespread."

In Africa, there is growing concern that the failure of Western medicines to combat Aids is leading people to turn to witch-

doctors and thus will mean a higher risk of spreading the disease through dirty or infected needles.

The British missions in Africa are calling for more British medical aid to be given to the countries at greatest risk, by supplying them with condoms — which afford some protection — sterilisers and disposable syringes.

The British reports to the World Health Organisation will also alarm the Russian authorities, who have hundreds of African students flocking into Moscow every year.

Last night, Mrs Lynda Chalker, Foreign Office Minister with special responsibilities for African Affairs after being told details of The Sunday Telegraph findings, said: "The British Government does know that there is a problem, but we must know properly and factually what the situation is."

"We shall not be taking any immediate action. We shall continue to monitor what is going on."

Mrs Chalker said the reports had been received as part of normal assessments prepared by high commissions. "Certainly we have had the normal reporting that we receive from our posts. It does touch on AIDS."

She confirmed that the Foreign Office had received a report from Africa recommending that screening of visitors be introduced. "It is a suggestion made by an individual, not a member of my department," she said.

Mrs Chalker said discussions on the Aids situation in Africa were being held between the Foreign Office, the DHSS, the ODA and the Home Office, which had the ultimate responsibility for immigration controls.

[The above item is accompanied, on page 1, by the following boxed item under the heading "Opinion"]

IN a few days' time, hundreds of students from Zambia, Uganda and Tanzania will be arriving in this country. A significant proportion of them—possibly up to ten per cent—could be Aids carriers.

The Government has been aware of this danger for some months but has not yet acted. This is folly. No one must be admitted from these countries where the incidence of Aids is far higher than anywhere else in the world, without first undergoing stringent medical checks.

It would be monstrous if ministers were to hold

back from action lest they be accused of racial discrimination. For in this instance, there is a positive duty to discriminate. In the matter of Aids, Black Africa does have a uniquely bad record and only harm can spring from pretending otherwise.

The public already blames governments for complacency during the mass immigration of the 1950s and 1960s. To repeat this complacency when the dangers are so much clearer as well as so much graver would be doubly irresponsible and inexcusable.

/9317

CSO: 5440/009

UNITED KINGDOM

NEW FORM OF WHOOPING COUGH VACCINE BEING TESTED

London THE DAILY TELEGRAPH in English 9 Sep 86 p 4

[Article by John Gapper]

[Text]

A NEW form of whooping cough vaccine which has cost £5 million to develop is now being tested on humans. It was disclosed yesterday.

The vaccine, developed over 10 years by microbiologists at the Porton Down research centre in Wiltshire, is intended to replace the present treatment which is suspected of causing brain damage in children.

Trials of the new vaccine, 90 per cent purer than the one used for the past 20 years, will be tried on children in November. It was disclosed yesterday at the Microbe 86 International Congress of Microbiology being held at Manchester University.

"We hope that it will be more potent and less troublesome than the existing version, which has proved so controversial in recent years," said Dr Andrew Robinson, leader of the Porton

Down team. The indication from animal tests was that the new vaccine was considerably safer than the old.

Purified components

He said that fears about the safety of the present vaccine because of its remote link with brain damage, affecting one in 500,000 children immunised, had led to a drop in the percentage of children vaccinated against whooping cough to 35 per cent in the late 70s. The figure had now risen to 65 per cent.

The new vaccine is based on three purified components of the whooping cough bacterial cell, rather than on the whole cells used in the established treatment. Full tests on 1,000 children are expected next year if the present tests involving 50 adults are successful.

Dr Robinson said it would be a number of years before the vaccine would be available.

/9317
CSO: 5440/009

VIETNAM

BRIEFS

UNICEF SPONSORS VACCINE PRODUCTION--In the cities of Dalat (Lam Dong) and Nha Trang (Phu Khanh), our government's Ministry of Health recently held an inauguration ceremony and started production at a vaccine production line established through aid from the United Nations International Children's Fund (UNICEF). The production facilities, equipped with arrays of modern equipment, were set up in Da Lat and Nha Trang to produce various types of vaccines for treatment of children's diseases in a widespread vaccination program. The Dalat factory produces, as semi-finished products, various types of vaccines for the treatment of diphtheria, whooping cough, and tetanus. At Nha Trang a complex has been set up for bottling vaccines brought from Dalat. This vaccine production line makes it possible for our country to organize a widespread child vaccination program to be concluded by the end of 1990. During the period of construction and equipment installation at the two facilities, UNICEF technicians and technical cadres and construction workers of the Vaccine Institute coordinated closely together, ensuring that all work was completed and all machinery and equipment well operated. [Text] [Hanoi QUAN DOI NHAN DAN in Vietnamese 21 Aug 86 p 1] 9830

CSO: 5400/4303

ZIMBABWE

HEALTH MINISTER ON NEED FOR PUBLIC EDUCATION ON AIDS

Harare THE SUNDAY MAIL in English 28 Sep 86 p 11

[Article by Basil Sithole]

[Text]

IF your sexual appetite needs nine different partners a week your chances of getting the dreaded disease Aids are very high.

Not only that, if you have contracted the disease already you could be spreading it at an alarming rate with your "big" appetite.

Last week The Sunday Mail spoke to the Minister of Health, Dr Sydney Sekeramayi and the Secretary in the Ministry, Dr Office Chideda, about the disease.

The minister said that no new cases of the disease had been reported recently in the country. "There have been no new cases and we want to go to great lengths to try and establish the validity of rumours that the Parirenyatwa Hospital has special wards for Aids cases. We went there and there was nothing like that."

Dr Sekeramayi said that although a number of people have been identified as having Aids antibodies this did not mean that they had contracted the disease.

"If you vaccinate a child against the six killer diseases and at a later stage you test their blood for antibodies they will be found to be positive. The same happens to this

dreaded disease. When Aids antibodies are found it does not mean that the person has got Aids.

"Of those we have found to be positive, we are examining them every three weeks to see if there is anything to worry about," he said.

In tests carried out on blood samples of some 40 000 people in the country, results show that only 2.1 percent have the Aids antibodies. This means that at some time these people had come into contact with the virus.

At present only five people have died of the disease in the country. Since May six cases have been reported and one of the two surviving patients was reportedly "fine" at the time.

The Secretary for Health, Dr Office Chideda, said that there were different types of the Aids viruses, some of which, like the American one, were lethal while others were not.

"The Aids viruses are of many types and are present throughout the world but there are certain types that are lethal like the one which originated on the American continent. With the tests that have been carried out throughout the country the incidence of the anti-

bodies are not that reliable. At least 3 percent of them give false positivity.

"When you have a false positivity you have to prove that there is an Aids virus in that person. Because we do not have the capacity to do that we are sending our samples to the USA and the UK for confirmation," he said.

Both the Minister and the Secretary said the media was blowing the matter out of proportion.

"It now seems that even those that have been killed in road accidents are being said to have died of Aids. People have to realise that death is caused by many other diseases which have existed before. If we carry out a test on the blood of a dead or seriously ill patient and find the result to be positive it does not necessarily mean that the disease is Aids," he emphasised.

The ministry is working on pamphlets which will be distributed throughout the country to educate the public on how to avoid spreading the virus.

"People have to learn to use condoms where necessary or to refrain from the act altogether. Aids is not transmitted through the sharing of cups or other things shar-

ed communally.

"It is transmitted through blood-to-blood transfusion, homosexuality, heterosexuality and promiscuity. The latter is widely practised in this country," said Dr Chideda.

Asked why there had been silence on the part of the ministry to inform the public about the disease, Dr Sekeramayi said that he found the allegation unfounded. "We do not talk about anything that is not there. Did you want us to create Aids cases?" he asked.

He would not be drawn to comment on the recently published Segals report which says among other things that the Aids virus was a result of a blunder in biological warfare.

Dr Sekeramayi said that there was a need for public health education on the killer disease and the "sensationalisation of the disease" has to stop.

INTER-AMERICAN AFFAIRS

TICK-SPREAD HEATWATER DISEASE THREATENS CARIBBEAN

Kingston THE DAILY GLEANER in English 19 Sep 86 pp 1, 3

[Text] Caribbean countries, including Jamaica, have been alerted to take precautionary measures against Heatwater Disease which is capable of wiping out the entire cattle production of the various countries.

This disease is spread by a variety of tick known as *Amblyomma Variegatum* or the Tropical Bon Tick. It is now a threat to the entire Caribbean.

"The situation has become alarming because the tick has been spreading quite rapidly in the Caribbean and was last reported as far south as Barbados," said Mr Franz "Gerry" Alexander, director of the Inter-American Institute for Co-operation on Agriculture (IICA), Guyana branch, at a news conference held at the local IICA branch office, Seaview Avenue, Kingston, yesterday.

He said that Jamaica must ensure that livestock from countries infected with the disease were not brought into the country. Also, Mr Anderson said, livestock brought from other countries should be properly tested to ensure that they were not infected with the tick.

The tick was brought to the Caribbean during the last century from Africa but Heatwater was believed to be confined to the continent until diagnosed in Guadeloupe in 1980. Fatal Heatwater infections were diagnosed in Antigua in 1984.

There is widespread infection in some Eastern Caribbean countries, while in others it is restricted, he said, adding: "nevertheless the tick is spreading...it threatens the entire Caribbean."

"If the tick and the disease were to get to the mainland of the Americas it would create a great and serious problem for cattle, sheep, deer and other ruminant population," he said.

The tick can also infect human beings "and is rather unpleasant."

To prevent the spreading of this "very serious" disease, Mr Alexander said that a feasibility study for a multi-national project was being prepared jointly by IICA and the United States Department of Agriculture (USDA).

The study is expected to be completed in December of this year and decision will be made at that time on strategies to be followed for the control and eradication of the pest.

This subject had been the focus of international interest due to the fact that the pest may threaten livestock herds throughout the continent, and its presence had been detected in nearly all Caribbean countries. Jamaica has shown no signs of this tick.

Mr Alexander, who is also a regional animal health specialist, said that the purpose of the study was to trace viable technical alternatives for preventing the spread of the pest as well as planning control and eradication methods in affected countries.

He said Jamaica and other Caribbean countries which were not currently plagued by the disease should develop a surveillance against the tick and prepare a mechanism to stamp it out if it began to affect livestock production.

Mr Alexander said the eradication programmes in Puerto Rico and the U.S. Virgin Islands had shown that it was possible to eliminate *Amblyomma Variegatum* with acaricide treatment, the use of pesticides which kill ticks.

Experiments had shown that the Gulf Coast tick *Amblyomma Maculatum* was an excellent vector of Heartwater, he said, adding that other *Amblyomma* species exist in Central and South America and there was serious concern that these could also transmit the disease.

Also speaking at the conference was Mrs Jan Hurwitch-MacDonald, acting director of the local IICA branch. She said that the third special meeting of the Inter-American Board of Agriculture, IABA, will be held in Mexico City from October 27 to 30 this year.

/9317

CSO: 5440/011

CANADA

BRIEFS

MANITOBA RABIES CASES--Winnipeg--The number of confirmed cases of rabies in Manitoba is expected to rise almost 50 percent this year and probably will continue to increase for the next few years, an Agriculture Canada spokesman said Saturday. Val Kjernisted, federal regional veterinarian for animal health, said Manitoba has 51 confirmed cases this year, compared to 47 reported in all of last year. "We usually have a flurry in the fall so we might hit 70 this year," he said. [Text] [Toronto THE GLOBE AND MAIL in English 29 Sep 36 p A4] /9317

CSO: 5420/104

COLOMBIA

FOOT-AND-MOUTH DISEASE REPORTED ON BOGOTA FARM

PA172122 Bogota Television Service in Spanish 1730 GMT 17 Oct 86

[Report by Irma Londono Arango]

[Text] There was a new alert in Bogota's Savanna when it was learned that foot-and-mouth disease was reported on a farm located in the city. Approximately 50 cows are in quarantine. (El Techo) farm peasants said that the cows had been vaccinated 1 month ago.

[Begin unidentified speaker recording] As is the rule, we vaccinated the cows through the ICA [Colombian Agricultural and Livestock Institute]. The cycle ended, but the vaccination was not effective at all. The cattle are totally affected. [end recording]

VECOL [Colombian Veterinary Products Enterprise], the organization in charge of making and distributing the vaccines, has said in its defense that although there were some problems, at present there are enough doses to be distributed throughout the country. Likewise, it noted that many vaccines are not given on time.

[Begin VECOL official Alfredo Sanchez Prado recording] We have 14 million ready. The ICA has approximately 7 million doses. This week, we end total production of the vaccine for the year.

[Londono] Are you distributing...

[Sanchez, interrupting] No, the vaccination is distributed through a national committee in which ICA, VECOL, and the Agricultural Institute participate. The distribution is based on the cycles of vaccination. [end recording]

Cattlemen and health officials met at the ICA offices to adopt new controls in order to keep the disease from spreading.

/12232
CSO: 5400/2004

BRIEFS

BADGER-BOVINE TB LINK--Agricultural expert, Mr Jim Crilly, a veterinary surgeon with ACOT and formerly a researcher with the Department of Agriculture, told a veterinary conference yesterday that TB-ridden badgers were a significant factor in the re-emergence of bovine TB. He said that in parts of the country, including Donegal, Kerry, Limerick and Sligo, TB was under control and scientific research carried out in these areas revealed that badgers there showed no signs of having the disease. But in other areas--such as TB blackspots of Longford, Cork, Clare and the north midlands--up to 30 pc of the badgers examined were infected. "However, it will take three or four more years of research before this evidence can be regarded as conclusive proof of the link between badgers and the spread of bovine TB," he added. A Longford vet, Mr Michael Mac Giolla Ri, claimed that inadequate compensation for "tied up" reactor herds was also a major factor in the high incidence of bovine TB in many countries. A billion pounds of taxpayers' money has been spent so far trying to wipe out this major farm disease--but Ireland is still the worst affected area in Europe, the conference was told. [Text] [Dublin IRISH INDEPENDENT in English 4 Oct 86 p 5] /9317

CSO: 5440/016

INTER-AFRICAN AFFAIRS

SPRAYING AGAINST LOCUSTS IN SAHEL DESCRIBED

Johannesburg THE STAR in English 23 Sep 86 p 12

[Article by Peter Blackburn]

[Text]

ABIDJAN — A battle is being waged in the sky above West Africa's semi-desert Sahel region in a bid to destroy yellow-green waves of grasshoppers descending from the north, and to protect this season's food harvest.

A one-month aerial spraying campaign covering 1.1 million hectares in six countries is expected to be in full swing this week.

Thirt-six aircraft and helicopters have been mobilised to spray pesticides on millet and sorghum crops due to be harvested next month.

Spraying has already started in the Senegal, Mauritania and Western Mali triangle, and will be extended into Burkina Faso, Niger and Chad.

ENOUGH PESTICIDES

"We have enough striking power and pesticides. Spraying has started just in time and we should be able to save up to 90 per cent of the harvest," said Mr Lukas Brader, the Dutch head of the new Food and Agricultural Organisation (FAO) emergency centre for locust operations.

The main problem was alerting governments so that control programmes could be prepared before it was too late, he explained.

Niger and Mauritania have organised effective control programmes. But there is concern about the situation in Mali and Senegal.

About \$22 million (about R49 million) has been provided, mostly by Western bilateral donors, to finance the Sahel grasshoppers campaign which is being co-ordinated by the FAO.

The last big grasshopper invasion of the Sahel came after the great drought ended in the mid-1970s. Good rains have now brought them back.

The grasshoppers eat their own weight daily. At the end of the rainy season as vegetation withers in the desert, they move south in search of food. They can cover up to 200 km over 30 days, stripping all greenery in their path.

There are serious logistical problems in organising an effective aerial spraying programme in the region.

Basic infrastructure necessary for effective ground support is often non-existent.

Practically everything has had to be provided, including construction of landing strips, supplies of aviation fuel and pumps for refuelling aircraft and loading pesticides.

Efficient ground support is necessary to achieve higher work rates of around 2,500 hectares per day, Mr Brader stressed.

/9317
CSO: 5400/22

GHANA

BRIEFS

LOCUST INVASION SUSPECTED IN NSAWAM--Pests suspected to be locusts are threatening farming villages in the Nsawam-Kraboa Coaltar District. Farmers at Amadikrom and Aleman Anfatifi told a Ghana News Agency ERP survey team during the week-end that the insects resembling grasshoppers "come in swarms of millions and are capable of devouring acres upon acres of anything green, except weed, overnight." Mr Felix Amoa-Asare, farmer at Amadikrom said the villagers first notice the pests in 1983 and they had been appearing yearly since then especially during the dry season. "After they have attacked a cassava tree, the only thing left of it is the white pulp inside the stem," he said. Ataa Sowah, chief of Aleman-Anfatifi, said the insects were "yellow when they are young, changing to green when they are more mature and about the size of a big man's thumb." This description was collaborated by Opanyin Amoa-Yaw, chief of Amadikrom, who added that "the pests were able to withstand DDT," a pesticide. Asked if they had received any assistance from the Ministry of Agriculture to deal with the problem, they said the extension officers "do not come this far." [Text] [Accra GHANAIAN TIMES in English 7 Oct 86 p 8] /9317

CSO: 5400/30

JAMAICA

GOVERNMENT MOVES TO FIGHT COFFEE LEAF RUST

Formation of Coordinating Group

Kingston THE DAILY GLEANER in English 20 Sep 86 p 18

[Article by Ivorall Davis]

[Text]

A 9-MAN NATIONAL CO-ORDINATING COMMITTEE for the control of Coffee Leaf Rust (*Hemileia Vastatrix*) in Jamaica, was established toward the end of July, by the Minister of Agriculture, the Hon. Dr. Percival Broderick, immediately after the Rust was first observed in the Tweedside area of Clarendon. The Committee has been empowered to decide on policy issues and determine a control programme and research needs.

This Co-ordinating Committee is made up of representatives of the Ministry of Agriculture (Dr. Florence Young, Mr. Walter Vanveran, Miss Andrea Vassell); the Coffee Industry Board and Coffee Development Company Limited (Mr. Clarence Nelson, Mr. L. G. Brown, Miss Arlene Daley, Mr. Timothy Cover); the Jamaica Agricultural Society's Coffee Growers' Co-operative Federation (Senator Courtney Fletcher) and the Jamaica Coffee Council (Mr. Keble Munn). Mr. Nelson is Chairman of the Committee.

● The Committee has been functioning, and executive responsibility for the execution of the programme has been assigned to the CIB/CIDCo Secretariat, headed by Mr. John Pickersgill, General Manager, CIB; Mr. George McPherson, General Manager, CIDCo, and Miss Joyce Chang, CIB/CIDCo Secretary.

● At the present time a team of six persons (four agronomists, a pathologist and the CIB's Production Manager) drawn from the Ministry of Agriculture, CIB/CIDCo) is in El Salvador where the Rust is endemic and which country is reputed to have the

best control measures in the Latin American region. The team is there to observe and evaluate conditions there.

● Dr. Broderick told the *Farmers' Weekly* this week that he had acted promptly in order to ensure that all measures that are necessary for the containment and control of the disease could be taken in the interest of the protection of Jamaica's coffee industry.

● In the meantime, the JAS Coffee Growers' Federation which is incorporated in the Co-ordinating Committee, and whose representative it is reported, has not attended any of the two meetings of the Committee, met at the JAS head office on Monday, September 15, and said afterwards

that it intends to hold "urgent talks" with the Ministry of Agriculture with a view to obtaining immediate financial assistance in the fight to control the dreaded Leaf Rust Disease which now threatens the Island's coffee industry."

The participants at the Federation's meeting also resolved "that they would educate and seek to influence growers to tackle untidy fields, tilling which the full provisions of the law would have to be invoked, as these as well as abandoned fields would seriously affect the drive against the disease."

Questioned yesterday, an officer of the CIB CIDCo Secretariat said that minutes of meetings of the Co-ordinating Committee and all documents issued on the containment and control programme, are sent to members of the Committee.

Planned Control Measures

Kingston THE DAILY GLEANER in English 20 Sep 86 p 19

[Text]

COFFEE LEAF RUST (*Hemileia vastatrix*) was first observed in the Tweedside area of Clarendon on July 29, 1986. A preliminary Island-wide survey conducted over the period July 31 to August 22, 1986, showed that a number of other areas were also affected.

Clarendon — Amon Town, Baltheston, Sanguinetti, Peckham, Grantham, Johns Hall, Corner Shop, Tweedside.

Trelawny — Wakefield, Spring Garden, Uster Spring, Lowe River.

Manchester — Bellfield near Williamfield.

St. Ann — Barnstable Mountain, West Town.

St. James — Mount Hope.

Portland — Mount Herman, Rakareva, Blybrook.

The experts believe that the disease was in Jamaica since 1985. The survey was done in 67 other districts covering all the coffee growing areas, and the indications were that the disease was not evident in those areas.

Samples have been sent to England and Portugal for determination of the rust strain or strains. Initial survey is done to find out which areas have obvious signs of the rust. Evaluation as to intensities is done in areas with symptoms by senior staff members. The survey will be continuous, but effort will be made to reach it in two months, when symptoms should be at a peak.

●INTERIM MEASURES FOR CONTROL:

The Coffee Industry Board has already approved an interim control programme in which the strategy adopted is one of containment so as to prevent or slow down the rate of spread to non-infected areas. Therefore a chemical

control programme has been implemented by CIDCO, and by at least one private farm, in the affected areas. Nevertheless, long-term measures based on cultural control and the use of resistant varieties are being considered for a national programme which is to be submitted for approval and implementation shortly.

CIDCO's emergency chemical control programme is based on the use of systemic as well as contact fungicides. The systemic is being used in areas with a high level of infection, while the contact is used in other areas. Three applications will be made at monthly intervals as follows:

- (a) Areas with high levels of infection (20% and over). ● one application of a systemic fungicide; ● two applications of a contact fungicide.
- (b) Other areas. ● 2 applications of a contact fungicide, and in the April/May 1987, application will be combined with the National Berry Borer Spraying.

The disease was found in poorly kept coffee fields.

● LONG TERM MEASURES

- (1) Continuous education and motivation of farmers and their co-operatives to engender greater care of existing farms, expansion of coffee, self-reliance to reduce dependency of pest

and disease control from outside the co-operatives' areas. This must also result in greater productivity to bear the cost of the control programmes.

- (2) Identification and elimination of abandoned coffee fields to reduce the inoculative reservoirs.

- (3) Integration of pest control programmes to make them more cost-effective, and also to reduce the negative effects on the environment.

- (4) Interaction of coffee interests — local and foreign — in developing a technology which will meet the needs of the Jamaican farmers at all levels.

- (5) Development of a pruning method to facilitate rust control measures.

- (6) Study of the epidemiology of the rust under local condition, and the interaction with factors of climate.

- (7) Development of a control programme based on determination from (6) above.

- (8) Screening and development of rust resistant cultivars.

NIGERIA

BRIEFS

PEST ERADICATION TASK FORCE--A task force for effective eradication of pests has been set up by the Federal Government. The task force, which is to implement strategies for total eradication of locusts, grasshoppers' and quelea birds, is headed by the federal director of livestock, Dr David-West. The task force has so far, in collaboration with the Food and Agricultural Organization, FAO, provided assistance such as equipment, chemicals and money to six affected states. The states are Sokoto, Bornu, Congola, Kaduna, Kano, and Bauchi states. [Text] [Lagos Domestic Service in English 0600 GMT 19 Oct 86 AB] /9274

CSO: 5400/33

SOUTH AFRICA

FARMERS FAILING TO REPORT LOCUSTS TO BE PROSECUTED

Johannesburg THE STAR in English 2 Oct 86 p 1

[Article by Hannes de Wet]

[Text]

A locust plague of unprecedented proportions is threatening farmers in the Northern Cape, Eastern Cape, Western Transvaal and the southern parts of the Orange Free State.

The threat is so serious that farmers who fail to report locusts will be prosecuted. The penalty for a first offence is a fine of up to R5 000 and/or a prison sentence of two years.

The deputy director for soil protection at the Department of Agriculture and Economic Marketing, Mr M.L. Heyns, said there were 170 locust-teams operating.

"This is no joke. People

don't seem to realise how serious the situation is. If the locusts, which have already started hatching, are not stopped in their grasshopper stage, damage of millions of rands will be done to crops and grazing."

Mr Heyns said he would fly over areas where locusts started appearing about two weeks ago to identify parts where they had not been reported.

"We will not hesitate to prosecute people who have failed to notify us of locusts in their areas."

"All the indications are that the outbreak will be much worse than the plague of last year."

/9274
CSO: 5400/26

SWAZILAND

BRIEFS

COUNTRY THREATENED BY LOCUSTS--Mbabane--Swaziland faces a plague of locusts on two fronts, according to a Ministry of Agriculture official. On the eastern front, in Mozambique, red locusts are swarming and could centre on Swaziland when the rains come later this month. On the western border with South Africa, brown locusts already pose a problem in some areas. [Text]
[Johannesburg THE STAR in English 24 Sep 86 p 7] /9317

CSO: 5400/30

VIETNAM

CROP PROTECTION DEPARTMENT ISSUES PEST WARNING

BK050518 Hanoi Domestic Service in Vietnamese 2300 GMT 30 Sep 86

[Text] The Vegetation Protection Department of the Ministry of Agriculture recently issued a notice saying that the 10th-month rice crop in the northern provinces is still being affected by stem borers, brown and white leafhoppers, rice bugs, and army worms.

At present, the fifth-generation army worm caterpillars are hatching in large numbers. Various provinces have organized peasants to use lanterns to trap caterpillars. In some provinces, tens of millions of caterpillars have been caught. For their part, the density of young brown and white leafhoppers has increased slowly, and the eggs of brown and white leafhoppers are being affected by a high degree of infertility. It is noteworthy that army worm caterpillars have appeared in many areas of the delta, midland, and former Zone 4 regions. In Ha Bac Province, 13 caterpillars have been found in 1 (square meter) while the figure was 7 caterpillars in Hai Hung Province. With such a density, if active measures are not taken to control army worm effectively, an army worm epidemic may break out in the days ahead.

In the southern provinces, about 50,000 hectares of 10th-month rice are being affected by brown and white rice leafhoppers in the Mekong River delta and some coastal provinces in central Vietnam. Meanwhile, stem borers have continued to ravage the late summer-fall and early 10th-month rice crops. In addition, the early 10th-month rice crop in various Mekong River delta provinces has also been seriously affected by rice leaf beetles, while from 10 to 20 percent of the late summer-fall rice crop has been stricken by *aphelenchoides oryzae*. Crop damage caused by rice bugs and weevils has been reported in some localities.

It is forecast that in the period ahead stem borers will be hatching in large numbers and causing serious damage to the main 10th-month rice crop, especially sticky rice. The number of army worm caterpillars will continue to be affected by infertility, and young army worms will appear and attack crops from mid-October onward. Brown and white rice leafhoppers and leaf folders will continue to increase in numbers, but only slowly. In the

southern provinces, rice leaf beetles and brown and white leafhoppers will spread vigorously in 10th-month rice areas while rice bugs and weevils will continue to cause damage in some localities. To cope with this situation, the northern provinces should continue to use lanterns to trap caterpillars, destroy stem borer egg nests manually, and use insecticides for this purpose where stem borer eggs are found in high density. The development of army worms must be closely watched so that control measures can be taken in time. For their part, the southern provinces should control rice beetles, brown and white leafhoppers, and stem borers where they appear in high density.

/9604

CS0: 5400/4305

VIETNAM

FLOOD, DROUGHT AREAS CONFINED; INSECTICIDES APPLIED

Hanoi QUAN DOI NHAN DAN in Vietnamese 28 Aug 86 p 1

[Text] VNA--The 10th-month rice crop is presently doing well, with the area hit by flooding and drought confined, but pests and plant diseases are appearing and spreading, requiring localities to rapidly assess tasks for each appropriate period in order to ensure a harvest with high productivity and yield to compensate for crop losses.

Last week, provinces of the north fought flooding and drought by planting and transplanting 12,000 more hectares and performing supplementary transplanting in 25,000 hectares, increasing the present 10th-month rice area to 1.2 million hectares.

In localities of the north, the first phase of cultivation was completed in 807,000 hectares of 10th-month rice, equivalent to 72 percent of the planted area; 405,000 hectares were completed in the second phase, equivalent to more than 36 percent of the planted area.

Plant diseases and pests are appearing and spreading--140,000 hectares, or 12.5 percent of the area planted, have been affected, including 26,000 hectares in Thai Binh Province, 24,000 hectares in Thai Binh Province, and 16,000 hectares in Ha Nam Ninh Province. The current challenge confronting provinces and cities of the north is to overcome problems with materials and to effectively prevent and fight pests and diseases, ensuring success with the 10th-month crop.

There was rain in all provinces of the south, particularly in Nam Bo areas, where rainfall was from 50 to 100 mm. Provinces managed to plant and transplant over 200,000 hectares more in 10th-month rice, increasing the area planted at the beginning of the season to nearly 838,520 hectares--nearly 90 percent of the area planted last year. Presently, with rain and fertilizer, the 10th-month crop is doing well in provinces of the south, but pests and plant diseases have appeared here and there. Profiting from experience with previous crops, localities of the south used a combination of collective activities and efforts to prepare the material and technical base to prevent and fight pests and crop disease effectively.

The weather is getting complicated, so localities must make careful calculations to prepare successfully resist flooding in every instance and at the same time ensure that the rice has water for normal growth.

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